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FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744949 (9)
1. Corporation Name
SUNSET PLAZA EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 680 71ST. AVE. ST. PETERSBURG BEACH FL 33706
Mailing Address: 680 71ST. AVE. ST. PETERSBURG BEACH FL 33706

3. Date Incorporated or Qualified: 11/15/1978
4. FEI Number: 59-1873314
Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
BROIDA, JOEL D.
605 75TH AVENUE
ST. PETERSBURG BEACH, FL. 33706

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	URECH, ALFRED C.	1.2 NAME	
STREET ADDRESS	680 71ST AVE. APT 5	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG BH, FL 00000	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	STD
NAME	BORGIANINI, ALFRED H.	2.2 NAME	BARNES, JOYCE
STREET ADDRESS	182 27TH AVE N	2.3 STREET ADDRESS	524 69th AVE UNIT 202
CITY - ST - ZIP	ST. PETERSBURG BEACH,	2.4 CITY - ST - ZIP	St PETE BEACH
TITLE	VD	3.1 TITLE	
NAME	LOMBARDI, SYLVIA	3.2 NAME	
STREET ADDRESS	680 71ST AVENUE, APT. 8	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG BEACH,	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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TITLE		5.1 TITLE	
NAME		5.2 NAME	
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CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Alfred C. Urech* 2-4-98 813-367-5369

CR2E037 (10/97)