FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:23

DOCUMENT # 749376 (0)

1. Corporation Name

SUNRISE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% PROFESSIONALLY YOURS, INC. PO BOX 831 CAPE CORAL FL 33910	% PROFESSIONALLY YOURS, INC. PO BOX 831 CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1979
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2034484 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

OLSON, BARBARA
C/O PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE #3
CAPE CORAL FL 33910

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	KISER, JAMES	1.2 NAME		
STREET ADDRESS	4629 SE 5TH AVE., SUITE 102	1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 00000	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	MEYERS, BARBARA	2.2 NAME		
STREET ADDRESS	4629 SE 5TH AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☒ Addition
NAME	~~CLIFT, PAULINE~~	3.2 NAME	BUTLER, THOMAS	
STREET ADDRESS	~~4629 SE 5TH AVENUE~~	3.3 STREET ADDRESS	4629 SE 5TH AVE #101	
CITY-ST-ZIP	~~CAPE CORAL FL~~	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HABERSON, RAYMOND	4.2 NAME		
STREET ADDRESS	4631 SE 5TH AVE., SUITE 106	4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	WIEHN, ELIZABETH	5.2 NAME		
STREET ADDRESS	4629 SE 5TH AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Elizabeth Wiehn 3/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0010317