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

DOCUMENT # 749568 (2)

1. Corporation Name

SUNSET BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

FILED
95 FEB 28 AM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8615 E BAY DR #21 TREASURE ISLAND FL 33706	8615 E BAY DR #21 TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1979
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2512177 ☐ 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

HOLMBERG, ROY E.
8615 E BAY DR #5
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name: Holmberg, Doris J.
82 Street Address (P.O. Box Number is Not Acceptable): 8615 E Bay Dr. #5
83
84 City: Treasure Island FL 85 Zip Code: 33706

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: [signature] Doris J. Holmberg 2/4/95
Signature, type or print name of registered agent (required for all applications) (If E. 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	PD	☒ Change ☐ Addition
NAME	HOLMBERG, ROY E	1.2 NAME	Holmberg, Doris J	
STREET ADDRESS	8615 E BAY DR #5	1.3 STREET ADDRESS	8615 E Bay Dr. #5	
CITY-ST-ZIP	TREASURE ISLAND FL	1.4 CITY-ST-ZIP	Treasure Island, Fl 33706	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	PAPPAS, GEORGE	2.2 NAME		
STREET ADDRESS	8615 E BAY DR #18	2.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	OWEN, JOSEPH	3.2 NAME	LeCraw, Cam	
STREET ADDRESS	8615 E BAY DR #17	3.3 STREET ADDRESS	2808 Springdell Cir.	
CITY-ST-ZIP	TREASURE ISLAND FL	3.4 CITY-ST-ZIP	~~Valrico, Fl, 33594~~	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GRIGG, CARMEN	4.2 NAME		
STREET ADDRESS	8615 E BAY DR #20	4.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	EGAN, DAVID F.	5.2 NAME		
STREET ADDRESS	8615 E BAY DR #14	5.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND 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: [signature] George Pappas 2/6/95 813 367 6362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0014660