

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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.**



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

3. Date Incorporated or Qualified **10/30/1979** 3a. Date of Last Report **02/28/1995**  
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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 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 **Douyard, Roger J**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1755 Emerald Dr. N.**  
83  
84 City **Clearwater** FL 85 Zip Code **34616**

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 *Roger J. Douyard* **Roger J. Douyard**  
Signature typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLMBERG, ROY E</b>	1.2 NAME	<b>Douyard, Roger J</b>
STREET ADDRESS	<b>8615 E BAY DR #5</b>	1.3 STREET ADDRESS	<b>1755 Emerald Dr. N.</b>
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 34616</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPPAS, GEORGE</b>	2.2 NAME	<b>Albritton, Merlene</b>
STREET ADDRESS	<b>8615 E BAY DR #18</b>	2.3 STREET ADDRESS	<b>1332 Woodcrest Ave.</b>
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>	2.4 CITY-ST-ZIP	<b>Clearwater, FL 34616</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LECRAW, CAM</b>	3.2 NAME	
STREET ADDRESS	<b>2808 SPRINGDELL CIR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIGG, CARMEN</b>	4.2 NAME	
STREET ADDRESS	<b>8615 E BAY DR #20</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGAN, DAVID F.</b>	5.2 NAME	
STREET ADDRESS	<b>8615 E BAY DR #14</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TREASURE ISLAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Roger J. Douyard* **Roger J. Douyard** 2/10/96 813 449 0336  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)