

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 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 # 749568 (2)
1. Corporation Name
SUNSET BEACH CLUB CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 10/30/1979
4. FEI Number 59-2512177
Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
**DOUYARD, ROGER J.
1755 EMERALD DR N
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent form filed

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Roger J. Douyard* DATE **2/17/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUYARD, ROGER J.	1.2 NAME	
STREET ADDRESS	1755 EMERALD DR N	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBRITTON, MERLENE	2.2 NAME	Matthew Workman
STREET ADDRESS	1332 WOODCREST AVE	2.3 STREET ADDRESS	8615 E. Bay Dr. #17
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Treasure Island, Fl. 33706
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECRAW, CAM	3.2 NAME	
STREET ADDRESS	2808 SPRINGDELL CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGG, CARMEN	4.2 NAME	Albritton, Merlene
STREET ADDRESS	8615 E BAY DR #20	4.3 STREET ADDRESS	1332 Woodcrest Ave.
CITY-ST-ZIP	TREASURE ISLAND FL	4.4 CITY-ST-ZIP	Gclearwater, Fl. 34616
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<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 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: *Roger J. Douyard* Roger J. Douyard 2/17/98 813-449-0336

CR2E037 (10/97)