

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90117 039 ****61.25

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1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2512177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOUYARD, ROGER J.
1755 EMERALD DR N
CLEARWATER FL 34616**

7. Name and Address of New Registered Agent

Name **Dan E. Changar**
Street Address (P.O. Box Number is Not Acceptable)
4118 W. Sevilla St.
Tampa FL 33629
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **DOUYARD, ROGER J.**
STREET ADDRESS **1755 EMERALD DR N**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **VD** ☐ Delete
NAME **PAPIZAN, LISSA**
STREET ADDRESS **8615 E. BAY DR. #20**
CITY-ST-ZIP **TEASURE ISLAND FL 33706**

TITLE **TD** ☐ Delete
NAME **BURCHILL, FREDERICK S**
STREET ADDRESS **6209 S. SIBERN ST**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **SD** ☒ Delete
NAME **COWAN, CONNIE L**
STREET ADDRESS **4118 W. SEVILLA ST**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete
NAME **PELLEGRINO, GAYLE**
STREET ADDRESS **8350 BAY SHORE DR**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **118 94TH AVE**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Change ☒ Addition
NAME **DAN CHANGAR**
STREET ADDRESS **4118 W. Sevilla St.**
CITY-ST-ZIP **Tampa FL 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DONNA ZWOLSKI**
STREET ADDRESS **4226 EVERWOOD DR**
CITY-ST-ZIP **KISSIMEE FL 34743**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dan Changar** 2-25-06 (813) 431-3201