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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750983 (9)
1. Corporation Name
SUN COUNTRY VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3723 + 3775 59TH ST NO ST PETERSBURG FL 33710	Mailing Address 3723 + 3775 59TH ST NO ST PETERSBURG FL 33710
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3. Date Incorporated or Qualified 02/11/1980	
4. FEI Number 59-2071066	Applied For <input type="checkbox"/> Not Applicable
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 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 type="checkbox"/> 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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**LIPTAK, DOLORES
3723 59TH STREET NORTH
APT. 3B
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent
81 Name **Lawrence J. Bergeron**
82 Street Address (P.O. Box Number is Not Acceptable)
3775 59th St No. #5
83
84 City **St. Petersburg** FL 85 Zip Code **33710**

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 *Lawrence J. Bergeron* **TREA.** DATE **2-16-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DI BENEDETTO, RITA
STREET ADDRESS	3723 59TH ST NO #2B
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	LIPTAK, DOLORES
STREET ADDRESS	3723 59TH STREET #3B
CITY-ST-ZIP	ST PETERSBURG, FL 00000
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BERGERON, PHYLLIS
STREET ADDRESS	3775 59TH ST. NO 4A
CITY-ST-ZIP	ST PETER FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elizabeth Pritchard
1.3 STREET ADDRESS	3723 59th St N. #4B
1.4 CITY-ST-ZIP	ST Petersburg, FL - 33710
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lawrence J. Bergeron
2.3 STREET ADDRESS	3775 59th St No. #5
2.4 CITY-ST-ZIP	St. Petersburg, FL 33710
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Judy Isaksen
3.3 STREET ADDRESS	3723 59th St No. #6
3.4 CITY-ST-ZIP	St. Petersburg, FL - 33710
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Lawrence J. Bergeron* **TREA.** DATE **2-16-98**

CR2E037 (10/97)