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

APPROVED AND FILED
95 MAR 16 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752809 (4)

1. Corporation Name
SUNSET TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11 SUNSET DRIVE. #105 SARASOTA FL 34236	11 SUNSET DRIVE. #105 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1980
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2131297 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MILES, MICHAEL
11 SUNSET DR
S602
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: COMPTON, ELEANOR
82 Street Address (P.O. Box Number is Not Acceptable): 11 SUNSET DRIVE # 506
83: SARASOTA
84 City: FL 85 Zip Code: 34236

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: Eleanor R. Compton 2/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TP	1.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	HEPBURN, WAYNE	1.2 NAME	Compton, Eleanor
STREET ADDRESS	11 SUNSET DR S905	1.3 STREET ADDRESS	11 Sunset Drive # 506 Director
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota Fl 34236
TITLE	AT	2.1 TITLE	President ☒ Change ☐ Addition
NAME	MILLER, ELLEN	2.2 NAME	Smith, Roy
STREET ADDRESS	11 SUNSET DRIVE. #606	2.3 STREET ADDRESS	11 Sunset Drive # 903 Director
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, Fl 34236
TITLE	VP	3.1 TITLE	Vice-President ☒ Change ☐ Addition
NAME	SMITH, ROY	3.2 NAME	Miles, Michael
STREET ADDRESS	11 SUNSET DR S903	3.3 STREET ADDRESS	11 Sunset Drive #602 Director
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, Fl 34236
TITLE	SD	4.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	MILES, MICHAEL	4.2 NAME	Miller, Ellen
STREET ADDRESS	11 SUNSET DR #602	4.3 STREET ADDRESS	11 Sunset Drive # 606 Director
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, Fl 34236
TITLE	AS	5.1 TITLE	Assistant Treasurer ☐ Change ☐ Addition
NAME	ST. CLAIR, DONALD	5.2 NAME	St. Clair, Donald
STREET ADDRESS	11 SUNSET DR	5.3 STREET ADDRESS	11 Sunset Drive #605 Director
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, Fl 34236
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)(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: _____ 2/20/95 953-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018669