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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34236-5561

3. Date Incorporated or Qualified: **06/05/1980**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HELEN PARENT
11 SUNSET DRIVE
SUITE 607
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: Thomas GIANNACCINI SR.
82 Street Address (P.O. Box Number is Not Acceptable): 11 Sunset DRIVE
83: Unit #806
84 City: SARASOTA FL 85 Zip Code: 34236

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: Thomas GIANNACCINI SR. X Thomas J. Giannaccini, Sr. 3/3/97
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BULMASH, PATRICIA		1.2 NAME		
STREET ADDRESS	11 SUNSET DRIVE #107		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	PARENT, HELEN		2.2 NAME	Helen Parent D	
STREET ADDRESS	11 SUNSET DR #607		2.3 STREET ADDRESS	11 Sunset DR #607	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VSD	☒ DELETE	3.1 TITLE	Robert Walters	☒ Change ☒ Addition
NAME	MILES, MICHAEL		3.2 NAME	Vice-President D	
STREET ADDRESS	11 SUNSET DRIVE, #602		3.3 STREET ADDRESS	11 Sunset DR #902	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ELLEN		4.2 NAME		
STREET ADDRESS	11 SUNSET DRIVE #606		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	President	☒ Change ☐ Addition
NAME	ST. CLAIR, DONALD		5.2 NAME	Thomas GIANNACCINI SR.	
STREET ADDRESS	11 SUNSET DRIVE #605		5.3 STREET ADDRESS	11 Sunset DR #806	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA, FL 34236 D	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: X Thomas J. Giannaccini SR. REQUIRED 3/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0061232