## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 758583**

1. Corporation Name

SUN ISLE CONDOMINIUM ASSOCIATION OF MERRITT ISLA ND, INC.

Principal Place of Business

205 PALMETTO AVE MERRITT ISLAND FL 32954-0512 Mailing Address

P.O. BOX 540512

MERRITT ISLAND FL 32954-0512

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90009 018 \*\*\*\*61.25

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2. Principal Pl	lace of Business 2a. Mailing Address				3. Date Incorpora				. [			
21		26				06/01/1981			, , , , , ,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number				plied For		
22	27					<b>59</b> -226397	4		No	t Applicable		
City & State	y & State City & State				5. Certificate of S	tatue Daeirad		<b>, \$8.75</b> /				
23	28			ļ	J. Certificate of S	TAIUS DESIIGO		Fee Re	quired			
Zip	Country	Country Zip Country			6. Election Camp	paign Financing		\$5.00	May Be			
24	25 29 30				Trust Fund Contribution Added to Fees							
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
				Name	ame							
VOLING CEODOE V			0.0	601 Street Address /B.O. Boy Number is Not Assertable)								
YOUNG, GEORGE V 205 PALMETTO VE., NO. 406			04	82 Street Address (P.O. Box Number is Not Acceptable)								
	-		83	83								
MERMIII	SLAND FL 32953						<u> </u>					
			84	City				EI	85 Zip	Code		
		1 047 4500 Florido Ototo 400	**			dien submits this s	tatament for the	Durnose of	rhanging its	registered		
office or re	to the provisions of Sections 617.0502 a	Florida. Such change was auth	orized by	the corpo	corpora oration's	nion submits this s board of directors	s. I hereby accep	t the appoir	itment as re	gistered		
agent. I a	m familiar with, and accept the obligation	ns of, Section 617.0503, Florida	Statute	3.					•			
SIGNATURE									·			
	Signature, typed or printed name of registered agent at			nt signature r	tw beniuper	nen reinstating)	MANOEO TO OF	DATE	D DIDECTO	DC IN 12		
12.	OFFICERS AND		13.		25		IANGES TO OFF		Change	Addition		
TITLE	D	<b>⊠</b> DELETE	1.1 TITLE		<u>P</u> D	and Hil	TLF		☐ Change	Addition		
NAME	PRICE, LARRY		1.2 NAME		Kus	SELL III	A Jestina.	# 404				
STREET ADDRESS	205 PALMETTO AVE NO 402	1.3 ST		TADDRESS	RUSSELL HITTLE 205 PALMETTO AVENUE # 404 MERRIT TSLAND, Florida 32963				:	i		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		1.4 CITY-	ST-ZIP	MERI	RIT I's LAND	, Florida 3.	298 <u>3</u>				
TITLE	VD	☐ DELETE	2.1 TITLE				•		☐ Change	Addition		
NAME	BORTNICK, SHIRLEY 22 N		2.2 NAME									
STREET ADORESS	The state of the s		2.3 STREE	STREET ADDRESS					. ]			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	· · · · <u>· · · · · · · · · · · · · · · </u>							
TITLE	TD	☐ DELETE	3.1 TITLE		<u> </u>				Change	☐ Addition		
NAME	YOUNG, GEORGE		3.2 NAME		!		٠					
STREET ADDRESS	206 PALMETTO AVENUE #406		3.3 STREE	T ADDRESS	}							
	MERRITT ISLAND FL		3.4. CITY-									
CITY-ST-ZIP TITLE	SD	☐ DELETE	4.1 TITLE	<del>-</del> -	<b></b> -				Change	Addition		
	PAULA, BETTY	_ <b>_</b>	4. 2 NAME							ł		
NAME	205 PALMETTO AVENUE #405		4.2 NAME 4.3 STREET ADDRESS							1		
STREET ADDRESS	MERRITT ISLAND FL						*					
CITY-ST-ZIP		<b>₩</b> DELETE	5.1 TITLE	51-ZIP	D				Change	Addition		
TITLE	P NADY MARCE	M nere ie	5.1 IIILE 5.2 NAME		TVA	uda Roche	ETTE -					
NAME	NARY, JAMES E		3.2 NAME		205	PALMETO 1	que#307			ļ		
STREET ADDRESS	205 PALMETTO AVE #503		5.3 STREET ADDRESS 2		84 554	Lynda Rochette 205 Parmello Ave # 509 MEARIT Tshand, Florida 32953 Doseph Szumowski 205 Parmello Avenue # 604			•			
CITY-ST-ZIP	MERRITT ISLAND FL		5.4 CITY-1 6.1 TITLE	ST-ZIP	PLEK	KIN FSWP	1		Change	Addition		
TITLE		☐ DELETE			<u>ال</u> م	oh Source	24.166	,	□ cuange	Andditon		
NAME	ı		6.2 NAME		Jose	101 JA 404	mue # 60	4				
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CITY-ST-ZIP			6.4 CITY-	ST-ZIP	MEA	INIT ISLAM	of thorston's	52403				

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, with all other like empowered.

SIGNATURE:

SEO AGES IV. ANO SINGE TREASTERM.

01/30/99 (407) 459-1702 Destine Phone #

:R2E037 (11/98)