

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Morthern Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758615**  
1. Corporation Name  
**SUN & SURF CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
**19206 Gulf Blvd  
Indian Shores FL 34635 SAME**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>6/3/81</b>	3a. Date of Last Report <b>1/21/97</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**Moore, Kathryn H.  
19218 Gulf Blvd  
Indian Shores FL 34635**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Moore, Andrew D.</b>	1.2 NAME	
STREET ADDRESS	<b>19218 Gulf Blvd</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Indian Shores FL 34635</b>	1.4 CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Moore, Dennis H.</b>	2.2 NAME	
STREET ADDRESS	<b>19218 Gulf Blvd</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Indian Shores FL 34635</b>	2.4 CITY- ST- ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Moore, Kathryn H.</b>	3.2 NAME	
STREET ADDRESS	<b>19218 Gulf Blvd</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Indian Shores FL 34635</b>	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DeLaCruz, Helga</b>	4.2 NAME	
STREET ADDRESS	<b>19218 Gulf Blvd</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>Indian Shores FL 34635</b>	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(b), 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** *[Signature]* **Hamrick** **x** **4/30/97** **(813)**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**900002130369**  
**-05/23/97--01109--035**  
**\*\*\*\$1.25**

CR2E037 (9/96)