


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90039 037 ****61.25

DOCUMENT # N03000009932	
1. Entity Name SUN ISLE CONDOMINIUM ASSOCIATION OF BRADENTON BEACH, INC.	

Principal Place of Business 60 SECOND STREET S.E. WINTER HAVEN, FL 33880	Mailing Address 60 SECOND STREET S.E. WINTER HAVEN, FL 33880
--	--

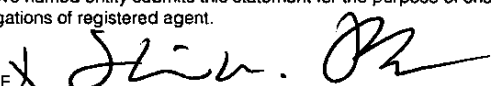
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01182005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
BENNETT, BARRY W 60 SECOND STREET S.E. WINTER HAVEN, FL 33880	

7. Name and Address of New Registered Agent	
Name Steven M. Bark	
Street Address (P.O. Box Number is Not Acceptable) 5348 Gulf Dr	
City Holmes Beach	FL Zip Code 34217

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1.18.05

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, BARRY W 60 SECOND STREET S.E. WINTER HAVEN, FL 33880 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, JANE E 1601 SIXTH STREET S.E. WINTER HAVEN, FL 33880 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOUCHTON, JOHN R POST OFFICE BOX 182 WINTER HAVEN, FL 33882 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Steven M. Bark 5348 Gulf Dr Holmes Beach, FL 34217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
---	--

SIGNATURE: 	DATE 1.18.05	DAYTIME PHONE # 941-778-5900
--	---------------------	-------------------------------------