

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State

06-30-2006 90001 045 ****61.50

40097556



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 5207 1ST AVE. W. Suite, Apt. #, etc.		3. Mailing Address 5207 1ST AVE. W. Suite, Apt. #, etc.			
City & State BRADENTON FLORIDA Zip 34209		City & State BRADENTON, FLORIDA Zip 34209		4. FEI Number 41-2144188	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARK, STEVEN M 5348 GULF DR HOLMES BEACH, FL 34217			7. Name and Address of New Registered Agent Name KRISTIN M. CALKINS Street Address (P.O. Box Number is Not Acceptable) 5207 1ST AVE. W. City BRADENTON FL Zip Code 34209		
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 <u>Kristin M. Calkins</u> DATE <u>6/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD NAME BARK, STEVEN M STREET ADDRESS 5348 GULF DR CITY - ST - ZIP BRADENTON BEACH, FL 34217	<input checked="" type="checkbox"/> Delete		TITLE P NAME MARCOON HOLSTEIN STREET ADDRESS 1911 48TH ST. W. CITY - ST - ZIP BRADENTON, FL. 34209	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE VP NAME PETER HAMMER STREET ADDRESS 1496 JALGER DR. CITY - ST - ZIP CLORVADO, OH. 44124	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE ST NAME ROBERT PEARCE STREET ADDRESS 781 HANOVER WAY CITY - ST - ZIP LAKELAND, FL. 33813	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE D NAME MARTIN MANTILLA STREET ADDRESS 3210 CASTLETON PL CITY - ST - ZIP LAKELAND, FL. 33803	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		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"/> Delete		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 exemptions contained in Chapter 119, 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: <u>Marcuon E. Holdstein</u> DATE <u>6-27-06</u> Daytime Phone # <u>President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					