

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005652

FILED  
Apr 10, 2007  
Secretary of State

**Entity Name:** SUN ISLAND CONDOMINIUM OWNER'S ASSOCIATION , INC.

**Current Principal Place of Business:**

102 TWENTIETH AVE  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

5501 W SPRUCE STREET  
C-3  
TAMPA, FL 33607

**Current Mailing Address:**

102 TWENTIETH AVE  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

5501 W. SPRUCE STREET  
C-3  
TAMPA, FL 33607

**FEI Number:** 20-3907896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDREW SERVCIECORPORATION OF FLORIDA  
201 N FRANKLIN ST  
STE 2100  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCDONALD, KATHLEEN  
Address: 17566 GULF BOULEVARD  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: STD ( ) Delete  
Name: THORNBURY, MARILYN  
Address: 17566 GULF BOULEVARD  
City-St-Zip: REDINGTON SHORES, FL 33708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCDONALD, KATHLEEN  
Address: 5501 W. SPRUCE STREET C-3  
City-St-Zip: TAMPA, FL 33607

Title: STD (X) Change ( ) Addition  
Name: THORNBURY, MARILYN  
Address: 5501 W. SPRUCE STREET C-3  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN MCDONALD

D

04/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date