

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90199 027 ****61.25

DOCUMENT # N06000008280 1. Entity Name SUN HARBOR CONDOMINIUM ASSOCIATION OF ST. PETE BEACH, INC.			
Principal Place of Business 11125 PARK BOULEVARD NORTH SUITE 104-356 SEMINOLE, FL 33772		Mailing Address 11125 PARK BOULEVARD NORTH SUITE 104-356 SEMINOLE, FL 33772	
2. Principal Place of Business - No P.O. Box # 300 Executive Dr. Suite 260		3. Mailing Address 300 Executive Dr. Suite 260	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33762 Pinellas		Zip 33762 Pinellas	
4. FEI Number 20-8660542		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEETING, ROBERT 9600 KOGER BLVD STE #105 SAINT PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name Condominium Associates Street Address (P.O. Box Number is Not Acceptable) 300 Executive Dr. Suite 260 City Clearwater FL Zip Code 33762	
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><i>Michael Kaskin</i></u> DATE <u>4/16/2008</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 May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P FLEETING, ROBERT 9600 KOGER BLVD STE #105 SAINT PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLEETING, ANNE 9600 KOGER BLVD STE #105 SAINT PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anne Fleeting <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASKIN, MICHAEL 9600 KOGER BLVD STE #105 SAINT PETERSBURG, FL 33702	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Gaskin <input checked="" 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
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><i>Michael Kaskin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>(727) 393-9195</u> <small>Daytime Phone #</small>	