

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR 27 AM 8:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N31049 (2)

1. Corporation Name

SUNSET REEF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619**

**1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1989

3a. Date of Last Report

04/21/1994

4. FEI Number

59-2908279

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICKS, JOYCE M.
1700 MCMULLEN BOOTH ROAD
CLEARWATER FL 34681**

81 Name

LEIGHTON, LENNARD A.

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of the person signing and date

(NAME: Registered Agent signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
POD	BUTLER, JOHN L	17960 GULF BLVD 214	REDINGTON SHORES FL
SD	NOVELLY, JOE	17960 GULF BLVD 202	REDINGTON SHORES FL
VD	DAVIS, JANE	17960 GULF BOULEVARD, #224	REDINGTON SHORES FL
DT	GRODY, JOE	17960 GULF BOULEVARD, #224	REDINGTON SHORES FL
D	CAMP, RAY	17960 GULF BOULEVARD, #117	REDINGTON SHORES FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
☒ Change ☐ Addition			
	MEROLA, VICKI	17960 GULF BLVD., 120	REDINGTON SHORES, FL
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
☒ Change ☐ Addition			
	DT		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
☒ Change ☐ Addition			
	ROBERTSON, JAMES	17960 GULF BLVD, 109	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
☒ Change ☐ Addition			
	DS	RICHARDS, JOAN	17960 GULF BLVD, 103
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
☒ Change ☐ Addition			
	OGDEN, GARRET	17960 GULF BLVD, 213	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
☐ Change ☐ Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan V. Richards, Secretary

Date

Signature Herein