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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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	% CONDOMINIUM MANAGEMENT GROUP, INC. PO BOX 47068 ST PETERSBURG FL 33743-7068

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 03/07/1989
3a. Date of Last Report: 02/05/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LISHEID, DEBRA R
1700 - 68TH ST., NORTH, #207
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, JOHN L		1.2 NAME		
STREET ADDRESS	17960 GULF BLVD 214		1.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	Treasurer / Director	☑ Change ☐ Addition
NAME	NOVELLY, JOE		2.2 NAME		
STREET ADDRESS	17960 GULF BLVD 202		2.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OGDEN, "TOBY" GARRET		3.2 NAME		
STREET ADDRESS	17960 GULF BLVD, #213		3.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE	Secretary / Director	☑ Change ☐ Addition
NAME	GUEST, JOHNNIE		4.2 NAME		
STREET ADDRESS	17960 GULF BLVD, #208		4.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAMP, RAY		5.2 NAME		
STREET ADDRESS	17960 GULF BOULEVARD, #117		5.3 STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: John L Butler John L Butler President 3/24/97 813-399-1146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051509