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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 03/07/1989

4. FEI Number: 59-3035424 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5530 1st Ave N	26
22 Suite, Apt. #, etc. —	27 Suite, Apt. #, etc.
23 City & State St Petersburg, FL	28 City & State
24 Zip 33710 — 25 Country	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

LISHEID, DEBRA R
1700 - 66TH 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) 5530 1st Ave N.

83 —

84 City St Petersburg **FL** 85 Zip Code 33710

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUTLER, JOHN L 17960 GULF BLVD 214 REDINGTON SHORES FL	☐ DELETE ✓	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NOVELLY, JOE 17960 GULF BLVD 202 REDINGTON SHORES FL	☐ DELETE ✓	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OGDEN, "TOBY" GARRET 17960 GULF BLVD, #213 REDINGTON SHORES FL	☐ DELETE ✓	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GUEST, JOHNNIE 17960 GULF BLVD, #208 REDINGTON SHORES FL	☐ DELETE ✓	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Blanchette, Paul #6 Klondike ST. N. Grosvenordale, CT 06255	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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: [illegible] 4-27-98 813-399-4446

CR2E037 (10/97)