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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31049

1. Corporation Name

SUNSET REEF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5530 1ST AVE N
SUITE C-3
ST PETE FL 33110
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LISHEID, DEBRA R
5530 1ST AVE N
ST PETE FL 33110

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME BUTLER, JOHN L
STREET ADDRESS 17960 GULF BLVD 214
CITY-ST-ZIP REDINGTON SHORES FL

TITLE TD ☐ DELETE

NAME NOVELLY, JOE
STREET ADDRESS 17960 GULF BLVD 202
CITY-ST-ZIP REDINGTON SHORES FL

TITLE VP ☐ DELETE

NAME OGDEN, "TOBY" GARRET
STREET ADDRESS 17960 GULF BLVD, #213
CITY-ST-ZIP REDINGTON SHORES FL

TITLE SD ☐ DELETE

NAME GUEST, JOHNNIE
STREET ADDRESS 17960 GULF BLVD, #208
CITY-ST-ZIP REDINGTON SHORES FL

TITLE D ☒ DELETE

NAME BLANCHETT, R
STREET ADDRESS 8 KLONDIKE ST
CITY-ST-ZIP N GROSVANORDALZ CT 06255

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Large, Larry
1.3 STREET ADDRESS 17960 Gulf Blvd. #217
1.4 CITY-ST-ZIP Redington Shores, FL. 33708

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Novelly, Joe
2.3 STREET ADDRESS 17960 Gulf Blvd. #202
2.4 CITY-ST-ZIP Redington Shores, FL. 33708

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Ogden (Toby) Garrett
3.3 STREET ADDRESS 17960 Gulf Blvd. #213
3.4 CITY-ST-ZIP

4.1 TITLE T ☒ Change ☐ Addition

4.2 NAME Guest, Johnnie
4.3 STREET ADDRESS 17960 Gulf Blvd. #208
4.4 CITY-ST-ZIP Redington Shores, FL. 33708

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME Gawrylczyk, Joseph
5.3 STREET ADDRESS 17960 Gulf Blvd. #203
5.4 CITY-ST-ZIP Redington Shores, FL. 33708

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)