## 6-9-97 B-7786 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1



FLORIDA DEPARTMENT (

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N96000005635 (5)

SUNWATCH ON ISLAND ESTATES CONDOMINIUM ASSOCIATI ON, INC.

Jun 09 1997 8:00am Secretary of State



rincipal riac	e or positioss	Maining Address	Mailing Address						
1253 PARK STREET CLEARWATER FL \$4616		1253 PARK STREET CLEARWATER FL 34616-5827							
						3. Date Incorporated or Qualified 10/31/1996	3a. Da	te of Last I	Report
2. Principal P	lace of Business	2a. Mailing Addre	88			4. FEI Number	.1	T A	pplied For
21		26				59-3414476		<b>─</b>	ot Applicable
Suite, Apt. #, etc.		<b>├</b>	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>4</b>	Additional lequired
City & State	6	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	c	ountry		8. This corporation has liability for i	ntangible	tax under	s. 199.032,
24	25	29	30				Yes [		
	9. Name and Address of Curre	ent Registered Agent		-		10. Name and Address of New Re	gistered A	gent	
				81	Name				
WARD, R. CARLTON				82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
	ARK STREET						<u> </u>		
CLEAR	NATER FL 34616			83					
				84	City			85 Zip	Code
							<u>FL</u>	1 1	
office or r	to the provisions of Sections 617.05 registered agent, or both, in the Stat	502 and 617.1508, Florida te of Florida. Such chang	a Statutes, the e was authoriz	-apove t ed by	named corp the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of at the appo	changing sintment as	its registered s registered
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0	503, Florida St	tatules,					
SIGNATURE .							5.45		
12.	Signature, typed or printed name of registered a	ND DIRECTORS	(NDTE: Registe		uper enuisongia f	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTO	BS IN 12
TITLE	PD	DEL		TITLE		NSSITIONS/OFFICIALIST TO OFFICE	21011112	Change	Addition
NAME	BACCILIERI, FRANK			NAME					
STREET ADDRESS	670 ISLAND WAY			STREET A	DORESS				
CITY-\$T-ZIP	CLEARWATER FL 34630			CITY-ST-					
TITLE	VD	☐ D£L		TITLE				☐ Change	Addition
NAME	PALOMBO, FAUSTO		2.2	NAME	ļ				
STREET ADDRESS	3800 STEELES AVE, WEST	<b>#200</b>	2.3	STREET A	ODRESS				
CITY-ST-ZIP	CANADA L4L 4G9		2.4	4 CITY-ST	- ZIP				
TITLE	TO	☐ D£L	ETE 3.1	TITLE			-	☐ Change	☐ Addilio
NAME	<b>N</b> ICHOLS, SHERON		3.2	NAME					
STREET ADDRESS	690 ISLAND WAY UNIT #8	05	3.3	STREET A	DDRESS				
CITY-ST-ZIP	CLEARWATER FL 34630		3.4	i. CITY-S1	- ZIP				
TITLE		☐ DEL	ETE 4.1	TITLE				Change	Addition
NAME			4. 3	2 NAME					
STREET ADDRESS			4.3	STREET A	DDRESS				
CITY-ST-ZIP				CITY-ST	- ZIP				
TITLE		☐ DEL	ETE 5.1	TITLE	] _	<del></del>		☐ Change	Additio
NAME			5.2	NAME					
STREET ADDRESS			53	STREET A	DDRESS				
CITY-ST-ZIP				CITY-ST	- ZIP			_	
TITLE		☐ DEL	ETE 6.1	TITLE				☐ Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET A	DDRESS				
CITY-ST-ZIP			6.4	CITY-ST	- ZIP				

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.