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FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005635 (5)**

1. Corporation Name

SUNWATCH ON ISLAND ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1253 PARK STREET
CLEARWATER FL 34616**

**1253 PARK STREET
CLEARWATER FL 34616**

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

59-3414476

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 670 ISLAND WAY

25 670 ISLAND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CLEARWATER, FL.

27 CLEARWATER, FL.

City & State

City & State

23

26

Zip

Country

Zip

Country

24 33767

25 USA

28 33767

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, R. CARLTON
1253 PARK STREET
CLEARWATER FL 34616**

81 Name

SHERON NICHOLS

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

670 ISLAND WAY

83

84 City

CLEARWATER

FL

85 Zip Code

33767

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

SHERON NICHOLS

4/8/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BACCILIERI, FRANK
670 ISLAND WAY
CLEARWATER FL 34630**

☐ 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

**VD
PALOMBO, FAUSTO
3800 STEELES AVE, WEST #200
CANADA L4L 4G8**

☐ 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

**D
NICHOLS, SHERON
690 ISLAND WAY UNIT #805
CLEARWATER FL 34630**

☐ 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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SHERON NICHOLS

4/8/98

CP2E037 (10/97)