

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005635

FILED
Apr 13, 2006
Secretary of State

Entity Name: SUNWATCH ON ISLAND ESTATES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

670 ISLAND WAY
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

670 ISLAND WAY
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 59-3414476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABIN, BENNETT L
200 NORTH PINE AVENUE, SUITE A
OLDSMAR, FL 346774613 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADAMS, TOM
Address: 670 ISLAND WAY #900
City-St-Zip: CLEARWATER, FL 33767

Title: DV () Delete
Name: WERNER, TERRY
Address: 670 ISLAND WAY #907
City-St-Zip: CLEARWATER BEACH, FL 33767 ST

Title: STD () Delete
Name: BURWELL, ROBERT
Address: 680 ISLAND WAY 410
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: GIACOMINI, JOE
Address: PO BOX 3341
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: D () Delete
Name: VINCENT, CLARENCE
Address: 680 ISLAND WAY #309
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARN, JO
Address: 670 ISLAND WAY #808
City-St-Zip: CLEARWATER, FL 33767

Title: DV (X) Change () Addition
Name: GIACOMINI, JOE
Address: 670 ISLAND WAY #403
City-St-Zip: CLEARWATER BEACH, FL 33767 ST

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POWERS, GEORGE
Address: 680 ISLAND WAY #701
City-St-Zip: CLEARWATER BEACH, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO WARN

P

04/13/2006

Electronic Signature of Signing Officer or Director

Date