

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005635

FILED  
Apr 28, 2008  
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:**

28100 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33761 US

**New Mailing Address:**

28100 US HIGHWAY 19 NORTH  
305  
CLEARWATER, FL 33761 US

**FEI Number:** 59-3414476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REINHARDT, DEBBIE L  
28100 US HIGHWAY 19 NORTH, SUITE 305  
CLEARWATER, FL 33761 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: WARN, JO  
Address: 670 ISLAND WAY #808  
City-St-Zip: CLEARWATER, FL 33767

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

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

Title: D ( ) Delete  
Name: CLARK, SUE  
Address: 670 ISLAND WAY #1002  
City-St-Zip: CLEARWATER BEACH, FL 33767

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PD

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date