

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758583

Entity Name: SUN ISLE CONDOMINIUM ASSOCIATION OF MERRITT ISLAND, INC.**FILED**
Feb 15, 2015
Secretary of State
CC9001231501**Current Principal Place of Business:**205 PALMETTO AVE
MERRITT ISLAND, FL 32953**Current Mailing Address:**P.O. BOX 540896
MERRITT ISLAND, FL 32954**FEI Number: 59-2263974****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**AYERS, LYNDA
205 PALMETTO AVENUE #509
MERRITT ISLAND, FL 32953 US*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**Officer/Director Detail :**Title S
Name ALBANO, MARY
Address 205 PALMETTO AVE #602
City-State-Zip: MERRITT ISLAND FL 32953Title VP
Name BUCK, LOWELL
Address 131 PORTSIDE AVE #104
City-State-Zip: CAPE CANAVERAL FL 32920Title T
Name DUMAS, JEANNETTE
Address 205 PALMETTO AVE #705
City-State-Zip: MERRITT ISLAND FL 32953Title PRESIDENT
Name AYERS, LYNDA
Address 205 PALMETTO AVE. #509
City-State-Zip: MERRITT ISLAND FL 32953Title DIRECTOR
Name CADORIN, AL
Address 930 S. BANANA RIVER DR
City-State-Zip: MERRITT ISLAND FL 32952Title DIRECTOR
Name FRETWELL, BILLIE
Address 205 PALMETTO AVE, #604
City-State-Zip: MERRITT ISLAND FL 32953

I hereby 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 all other like empowered.

SIGNATURE: JEANNETTE DUMAS**TREASURER****02/15/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date