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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737276 (6)

1. Corporation Name

SUNSET BEACH VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
SOUTH SEAS PLANTATION RESORT PLANTATION ROAD CAPTIVA FL 33924 US	P.O. BOX 194 PLANTATION ROAD CAPTIVA FL 33924-0194 US

3. Date Incorporated or Qualified: 11/12/1976
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1898994 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND FL 33924

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, NORMAN A		1.2 NAME		
STREET ADDRESS	1305 CHESHIRE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEWATER NJ		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLECKENSTEIN, W. O		2.2 NAME		
STREET ADDRESS	1835 NORTH DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHLEHAM PA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROSSI, LOUIS P		3.2 NAME		
STREET ADDRESS	5211 THATCHER PARK RD		3.3 STREET ADDRESS	1044 Thatcher Park Road	
CITY-ST-ZIP	E BERNE NY		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAILSTAD, CHARLES		4.2 NAME		
STREET ADDRESS	P.O. BOX 2806 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	TOLEDO, OH 0		4.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRUHN, DONALD D		5.2 NAME		
STREET ADDRESS	99 CHESTNUT AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	POQUOTT NY		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME			6.2 NAME	Palaia, Frank	
STREET ADDRESS			6.3 STREET ADDRESS	433 Lake Murex Circle	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Sanibel, FL 33957	

CR2E037 (9/96)

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.

SIGNATURE: Louis Rossi FILED Rossi 4/1/97 518 872 1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0057050