DEPARTMENT OF STATE FILING FEE IS $61.25

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90101 026 *****61.25

DOCUMENT # 737276

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 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/12/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1898994 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 08807		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 18015		2. 4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSSI, LOUIS P		3.2 NAME	
STREET ADDRESS	72 B DEVONSHIRE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GUILDERLAND NY 12084		3.4. CITY-ST-ZIP	
TITLE	STD	☐ 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 43606		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PALAIA, FRANK MD		5.2 NAME	
STREET ADDRESS	1820 HWY 20 SUITE 132/184		5.3 STREET ADDRESS	
CITY-ST-ZIP	CONYERS GA 30013		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Louis P Rossi SIGNATURE REQUIRED Louis P Rossi 1/29/99 914-472-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #