FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:23

DOCUMENT # **742159** **(7)**

1. Corporation Name
SUNSET CAPTIVA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13391 MCGREGOR BLVD. S.W. FT MYERS FL 33919-2996	13391 MCGREGOR BLVD. S.W. FT MYERS FL 33919-2996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1978
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2055236 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	P.O. Box 194
Suite, Apt. #, etc. (22)	Attn: Assn. Mgmt.
City & State (23)	Captiva Island, FL
Zip (24) / Country (25)	33924 /
2a. Mailing Address (26)	P.O. Box 194
Suite, Apt. #, etc. (27)	Attn: Assn. Mgmt.
City & State (28)	Captiva Island, FL
Zip (29) / Country (30)	33924 /

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HILTON GRAND VACATIONS COMPANY
13391 MCGREGOR BLVD. S.W.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: South Seas Plantation Resort
82 Street Address (P.O. Box Number is Not Acceptable): 13000 Captiva Road
83: Attn: Assn. Mgmt.
84 City: Captiva Island FL 85 Zip Code: 33924

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 3/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	V/D	☒ Change ☐ Addition
NAME	ERICSSON, WALTER	12 NAME		
STREET ADDRESS	105 MANOR BROOK DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	CHAGRIN FALLS OH 44022	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	S/T /D	☒ Change ☐ Addition
NAME	HEGRENES, RICHARD	22 NAME	Hegrenes, Richard P.	
STREET ADDRESS	7377 N 101ST STREET	23 STREET ADDRESS	Route 2, Box 222	
CITY-ST-ZIP	WHITE BEAR LAKE MN	24 CITY-ST-ZIP	Dearwood, MN 56444	n/a
TITLE	ST	31 TITLE	D	☒ Change ☐ Addition
NAME	JENSEN, JOHN	32 NAME	Kotula, Judy L.	
STREET ADDRESS	P.O. BOX 1103 N/A	33 STREET ADDRESS	P.O. Box 7867	
CITY-ST-ZIP	CAPTIVA FL 33924	34 CITY-ST-ZIP	Captiva Island, FL 33924	n/a
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	COX, TOWNSEND	42 NAME		
STREET ADDRESS	535 GRADYVILLE RD	43 STREET ADDRESS		
CITY-ST-ZIP	NEWTON SQUARE PA 19073	44 CITY-ST-ZIP		
TITLE	P	51 TITLE	P/D	☒ Change ☐ Addition
NAME	KRAMER, RONALD	52 NAME		
STREET ADDRESS	42 ELGIN AVENUE	53 STREET ADDRESS	P.O. Box 602	
CITY-ST-ZIP	TORONTO ONTARIO CA	54 CITY-ST-ZIP	Captiva, FL 33924	n/a
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 / Additional or on an attachment with an address.

SIGNATURE: Ronald E. Kramer — RONALD E. KRAMER — 16 March 1995 — 813-472-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018472