FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Apr 26, 1996 08:00 AM
Secretary of State

DOCUMENT # 742159 (7)

1. Corporation Name
SUNSET CAPTIVA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924 US	P O BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924 US

3. Date Incorporated or Qualified: 03/21/1978
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2055236 ☐ 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	VD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ERICSSON, WALTER		1.2 NAME	BEARD, FRANK	
STREET ADDRESS	105 MANOR BROOK DRIVE		1.3 STREET ADDRESS	P.O. Box 119 N/A	
CITY-ST-ZIP	CHAGRIN FALLS OH		1.4 CITY-ST-ZIP	Captiva, FL 33924	
TITLE	STD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	HEGRENES, RICHARD P		2.2 NAME		
STREET ADDRESS	ROUTE 2 BOX 222		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEARWOOD MN		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOTULA, JUDY L		3.2 NAME		
STREET ADDRESS	P O BOX 786 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPTIVA ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COX, TOWNSEND		4.2 NAME		
STREET ADDRESS	535 GRADYVILLE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEWTON SQUARE PA 19073		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE	STD	☒ Change ☐ Addition
NAME	KRAMER, RONALD		5.2 NAME		
STREET ADDRESS	P O BOX 602 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPTIVA FL		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 (12/95)

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)(k), 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: RPH _____ 4-3-96 _____ 472-8863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard P. Hegrenes