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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 # **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 33924-0194 US

3. Date Incorporated or Qualified: 03/21/1978
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 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	BEARD, FRANK		1.2 NAME	
STREET ADDRESS	PO BOX 119 NA		1.3 STREET ADDRESS	P.O. Box 397 N/A
CITY-ST-ZIP	CAPTIVA FL		1.4 CITY-ST-ZIP	
TITLE	PD	☒ DELETE	2.1 TITLE	☐ 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	PD ☒ Change ☐ Addition
NAME	KOTULA, JUDY L		3.2 NAME	Fenniman, William
STREET ADDRESS	P O BOX 786 N/A		3.3 STREET ADDRESS	7 Wainwright Road, #19
CITY-ST-ZIP	CAPTIVA ISLAND FL		3.4 CITY-ST-ZIP	Winchester, MA 01890
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	STD	☐ DELETE	5.1 TITLE	☐ 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	D ☐ Change ☒ Addition
NAME			6.2 NAME	McLarty, W.A. Bruce
STREET ADDRESS			6.3 STREET ADDRESS	150 Kennedy Street West
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Aurora, Ontario, Canada L4G 2L7

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: SIGNATURE REQUIRED Frank A. Beard 4/5/97 (207) 644-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067059