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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:31

DOCUMENT # 750391 (5)

1. Corporation Name

SUNSET BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
187 FOREST LAKES BLVD. NAPLES FL 33942	187 FOREST LAKES BLVD. NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1979
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2514054 ☐ 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
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

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

9. Name and Address of Current Registered Agent

GRACEY, ROBERT
187 FOREST LAKES BLVD.
NAPLES FL 33942

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ 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	11 TITLE	☐ Change ☐ Addition
NAME	KRUEMMEL, PETER	12 NAME	
STREET ADDRESS	HAINBUCHENWEG 23	13 STREET ADDRESS	
CITY-ST-ZIP	STUTTGART GE	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SALTERS, LAWRENCE	22 NAME	
STREET ADDRESS	260 FRANKLIN ST. #6	23 STREET ADDRESS	
CITY-ST-ZIP	BRAINTREE MA	24 CITY-ST-ZIP	
TITLE	ASM	31 TITLE	☐ Change ☐ Addition
NAME	GRACEY, ROBERT	32 NAME	
STREET ADDRESS	187 FOREST LAKES BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	SCHWEINBACH, LOTHER	42 NAME	
STREET ADDRESS	9486 GULF SHORE DRIVE A101	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	OSTAPCHUK, WALTER	52 NAME	
STREET ADDRESS	251 QUEENS QUAY W. PH 1	53 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONT.	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	HERBOTH, LEE	62 NAME	
STREET ADDRESS	9485 GULFSHORE DRIVE B401	63 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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 if changed, or on an attachment with an address.

SIGNATURE: Robert T. Gracey ROBERT T. GRACEY 4/4/95 813-649-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017088