

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

DOCUMENT # 750391 (5)

1. Corporation Name

SUNSET BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

187 FOREST LAKES BLVD.
NAPLES FL 33842

Mailing Address

187 FOREST LAKES BLVD.
NAPLES FL 33842



3. Date Incorporated or Qualified

12/28/1979

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2514054

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRACEY, ROBERT
187 FOREST LAKES BLVD.
NAPLES FL 33942

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

2/26/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KRUEMMEL, PETER
STREET ADDRESS HAINBUCHENWEG 23
CITY-ST-ZIP STUTTGART GE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME SALTERS, LAWRENCE
STREET ADDRESS 260 FRANKLIN ST. #6
CITY-ST-ZIP BRAINTREE MA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ASM ☐ DELETE
NAME GRACEY, ROBERT
STREET ADDRESS 187 FOREST LAKES BLVD.
CITY-ST-ZIP NAPLES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME SCHWEINBACH, LOTHER
STREET ADDRESS 9486 GULF SHORE DRIVE A101
CITY-ST-ZIP NAPLES FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME OSTAPCHUK, WALTER
STREET ADDRESS 251 QUEENS QUAY W. PH 1
CITY-ST-ZIP TORONTO, ONT.

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME HERBOTH, LEE
STREET ADDRESS 9485 GULFSHORE DRIVE B401
CITY-ST-ZIP NAPLES FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96
Date

941-649-5667
Daytime Phone #

CR2E037 (12/95)