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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	Mailing Address
187 FOREST LAKES BLVD. NAPLES FL 33942	187 FOREST LAKES BLVD. NAPLES FL ~~33942~~

3. Date Incorporated or Qualified: 12/28/1979

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 32105 / 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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code 32103

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	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KACEK, DON		1.2 NAME		
STREET ADDRESS	8530 CAPTAIN CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SALTER, LARRY		2.2 NAME		
STREET ADDRESS	260 FRANKLIN ST. #6		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRAINTREE MA		2.4 CITY-ST-ZIP		
TITLE	ASM	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRACEY, ROBERT		3.2 NAME		
STREET ADDRESS	187 FOREST LAKES BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHWEINBACH, LOTHER		4.2 NAME		
STREET ADDRESS	9486 GULF SHORE DRIVE A101		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OSTAPCHUK, WALTER		5.2 NAME		
STREET ADDRESS	251 QUEENS QUAY W. PH 1		5.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONT.		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE	P	☒ Change ☐ Addition
NAME	SHAPLEIGH, GABRIELLE		6.2 NAME	Shapleigh, Gabrielle	
STREET ADDRESS	P O BOX 43225		6.3 STREET ADDRESS	3405 Observatory Rd	
CITY-ST-ZIP	CINCINNATI OH		6.4 CITY-ST-ZIP	Cincinnati, OH 45208	

CR2E037 (10/97)

14. I 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: Robert L. Gracey 1/19/98 941-649-5662