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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **750391**

1. Corporation Name
SUNSET BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
187 FOREST LAKES BLVD. NAPLES FL 33842	187 FOREST LAKES BLVD. NAPLES FL 34105 US

2. Principal Place of Business	2a. Mailing Address
21 9362 GULFSHORE DR.	26 9362 GULFSHORE DR.
Suite, Apt. #, etc. 22 202	Suite, Apt. #, etc. 27 202
City & State 23 NAPLES, FL.	City & State 28 NAPLES, FL.
Zip / Country 24 34108 25 US	Zip / Country 29 34108 30 US

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

4. FEI Number: 59-2514054 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRACEY, ROBERT 187 FOREST LAKES BLVD. NAPLES FL 34105	81 Name: STEVEN FALK 82 Street Address (P.O. Box Number is Not Acceptable): 850 PARK SHORE DR. 83 84 City: NAPLES FL 85 Zip Code: 34103

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] 4/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD	☑ 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	SD	☐ Change ☑ Addition
NAME	GRACEY, ROBERT		3.2 NAME	DAVID COOK	
STREET ADDRESS	187 FOREST LAKES BLVD.		3.3 STREET ADDRESS	3461 BONITA BAY BLVD	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	
TITLE	VPD	☑ DELETE	4.1 TITLE	VPD	☐ Change ☑ Addition
NAME	SCHWEINBACH, LOTHER		4.2 NAME	JOHN BAMMEL	
STREET ADDRESS	9486 GULF SHORE DRIVE A101		4.3 STREET ADDRESS	8330 BRIDLEWOOD DR.	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	EAST AMHERST, NY 14051	
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		☐ Change ☐ Addition
NAME	SHAPLEIGH, GABRIELLE		6.2 NAME		
STREET ADDRESS	3405 OBSERVATORY RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45208		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: [signature] ~~SIGNATURE REQUIRED~~ Pres 4/5/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)