

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90082 022 ****61.25

DOCUMENT # 750391

1. Entity Name

SUNSET BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

9362 GULFSHORE DR
202
NAPLES FL 34108
US

Mailing Address

9362 GULFSHORE DR
202
NAPLES FL 34108
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2514054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FALK, STEVEN
850 PARK SHORE DR
NAPLES FL 34103

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KACEK, DON
STREET ADDRESS 8530 CAPTAIN CT
CITY-ST-ZIP INDIANAPOLIS IN

TITLE VP ☐ Delete
NAME SALTER, LARRY
STREET ADDRESS P O BOX 96
CITY-ST-ZIP KINGSTON MA 02364

TITLE SD ☐ Delete
NAME SWEINBACH, LOTHAR
STREET ADDRESS 9486 GULFSHORE DR. UNIT 101
CITY-ST-ZIP NAPLES FL 34108

TITLE PD ☐ Delete
NAME BAMMEL, JOHN
STREET ADDRESS 9486 GULFSHORE DR. UNIT 301
CITY-ST-ZIP NAPLES FL 34108

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Don J Kacek* DON KACEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-04

Date

239-594-0589

Daytime Phone #