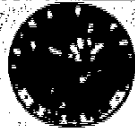


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 18 PM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 751879 (8)**  
1. Corporation Name  
**SUNSET OF FORT MYERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1925 CLIFFORD STREET SUITE 102 FT. MYERS FL 33901-3232**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/04/1980** 3a. Date of Last Report **02/23/1994**  
4. FEI Number **59-2139172** 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 Suite, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLYNN, MARJORIE L  
1016 N. TAMAMI TRAIL  
#9  
N. FT. MYERS FL 33903**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**201 MARIANA AVE, WEST**  
83  
84 City **No. Ft. Myers** FL 85 Zip Code **33903**

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 *Marjorie L. Flynn, RMA Cam* DATE **3/17/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BEAM, ROBERT T</b>
STREET ADDRESS	<b>1901 CLIFFORD ST., #1003</b>
CITY - ST - ZIP	<b>FT. MYERS FL 33901-3228</b>
TITLE	<b>D</b>
NAME	<b>CECERE, R. ALICE</b>
STREET ADDRESS	<b>1901 CLIFFORD ST., #203</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>
TITLE	<b>TD</b>
NAME	<b>HAUGHT, JAMES</b>
STREET ADDRESS	<b>1901 CLIFFORD, #603</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>
TITLE	<b>VPD</b>
NAME	<b>WILCOX, PATRICIA</b>
STREET ADDRESS	<b>1901 CLIFFORD ST., #804</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>
TITLE	<b>D</b>
NAME	<b>MARTIN, DOROTHY L</b>
STREET ADDRESS	<b>1925 CLIFFORD STREET, #1201</b>
CITY - ST - ZIP	<b>FT. MYERS FL 33901-3233</b>
TITLE	<b>SD</b>
NAME	<b>JONES, ERNESTINE</b>
STREET ADDRESS	<b>1925 CLIFFORD STREET, #901</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT / DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARION FOSYTHE</b>
1.3 STREET ADDRESS	<b>1901 CLIFFORD ST. #603</b>
1.4 CITY - ST - ZIP	<b>FT MYERS FL 33901</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>Treasurer / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Dolores Forsythe</b>
3.3 STREET ADDRESS	<b>1925 Clifford St., #802</b>
3.4 CITY - ST - ZIP	<b>Ft Myers FL 33901</b>
4.1 TITLE	<b>Vice President / Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MATILDA STENGEL</b>
4.3 STREET ADDRESS	<b>1925 Clifford St., #1203</b>
4.4 CITY - ST - ZIP	<b>Ft Myers FL 33901</b>
5.1 TITLE	<b>Carol Sisko / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>1925 Clifford St #603</b>
5.3 STREET ADDRESS	<b>Ft Myers FL 33901</b>
5.4 CITY - ST - ZIP	
6.1 TITLE	<b>Secretary / Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Virginia W. Smith</b>
6.3 STREET ADDRESS	<b>1925 Clifford St #903</b>
6.4 CITY - ST - ZIP	<b>Ft Myers FL 33901</b>

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 110.07(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: *X Dolores J. Forsythe* DATE **3/26/95** 334-6124  
Signature and Filed or Printed Name of Signing Officer or Director Date Daytime Phone #