

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

FILED
Jul 08 1996 8:00 am
Secretary of State

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



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

3. Date Incorporated or Qualified: 04/04/1980
3a. Date of Last Report: 04/18/1995

| | | | | | | |
|----|--------------------------------|----|---------------------|--------------------------|---|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4 | FEI Number | Applied For |
| 22 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 59-2139172 | <input type="checkbox"/> | Not Applicable |
| 23 | City & State | 27 | City & State | 5 | Certificate of Status Desired | \$8.75 Additional Fee Required |
| 24 | Zip | 28 | Zip | <input type="checkbox"/> | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 25 | Country | 29 | Country | <input type="checkbox"/> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

FLYNN, MARJORIE L
201 MARIANA AVE WEST #9
N F TMYERS FL 33903

10. Name and Address of New Registered Agent

81 Name: MARION R. PACELLI, PRES
82 Street Address (P.O. Box Number is Not Acceptable): 1901 CLIFFORD ST #603
83
84 City: FT MYERS FL 85 Zip Code: 33901

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: MARION R. PACELLI, PRES & Marion R. Pacelli 6/28/96
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 | PD <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PACELLI, MARION | 12 NAME | |
| STREET ADDRESS | 1901 CLIFFORD ST 602 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 14 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CECERE, R. ALICE | 22 NAME | D JONES, ANDREW |
| STREET ADDRESS | 1901 CLIFFORD ST., #203 | 23 STREET ADDRESS | 1901 CLIFFORD ST #1304 |
| CITY-ST-ZIP | FT. MYERS FL | 24 CITY-ST-ZIP | FT MYERS FL |
| TITLE | TD <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORSYTHE, DOLORES | 32 NAME | |
| STREET ADDRESS | 1925 CLIFFORD ST 802 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 34 CITY-ST-ZIP | |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILCOX, PATRICIA | 42 NAME | |
| STREET ADDRESS | 1925 CLIFFORD ST 1203 | 43 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 44 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SICKOL, CAROL | 52 NAME | |
| STREET ADDRESS | 1925 CLIFFORD ST 603 | 53 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS FL | 54 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SPLITT, VIRGINIA W | 62 NAME | SP SANNE, BETTY L |
| STREET ADDRESS | 1925 CLIFFORD ST 903 | 63 STREET ADDRESS | 1925 CLIFFORD ST #1001 |
| CITY-ST-ZIP | FT MYERS FL | 64 CITY-ST-ZIP | FT MYERS FL |

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: Marion R. Pacelli, President 6/28/96 941-334-6124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARION R. PACELLI

CR2E037 (12/95)