## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

22

City & State

DOCUMENT #

751879

(8)

## SUNSET OF FORT MYERS CONDOMINIUM ASSOCIATION, IN

Principal Place of Business Mailing Address 1925 CLIFFORD STREET 1925 CLIFFORD STREET SUITE 102 SUITE 102 FT. MYERS FL 33901-3232 FT. MYERS FL 33901-3232 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.

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Ζıρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WILSON

PACELLI, MARION R Street Address (P.O. Box Number is Not Acceptable) 1901 CLIFFORD ST #603 1901 CLIFFORD 83 FT MYERS FL 33901 City

City & State

Zip Code 3390 MYERS 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 TERRY M WILSON PRES Signature typed or printed name of registered agent and title if applicable (NOTE: Registable Agent signature typed or printed name of registered agent and title if applicable						
12.	OFFICERS AND DIR	ECTORS	/3.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE	PO	Change	Addition
NAME	PACELLI, MARION		1.2 NAME	WILSON, TERRY	Λ	
STREET ADDRESS	1901 CLIFFORD ST 602		1.3 STREET ADDRESS	1901 CLIFFORD S		
CITY-ST-ZIP	ft myers'fl		1.4 CITY-ST-ZIP	FINYERS	EL 33901	
LITTE	D	DELETE	2.1 TITLE	VP YO	☐ Change	Addition
NAME	JONES, ANDREW		2.2 NAME	LUTZ, J. P.		
STREET ADDRESS	1901 CLIFFORD ST #1304		2.3 STREET ADDRESS	1925 CLIFFORD	84 #1505	
CITY-ST-ZIP	FT MYERS FL		2. 4 CITY-ST-ZIP	FT MYERS F	7 33901	
TITLE	TD	DELETE	3.1 TITLE	TO	☐ Change	Addition
NAME	FORSYTHE, DOLORES		3.2 NAME	FOCO, MURIEL 1925 CLIFFORD	K	
STREET ADDRESS	1925 CLIFFORD ST 802		3.3 STREET ADDRESS	1925 CLIFFORD	20 4 203	J
CITY - ST - ZIP	FT MYERS FL		3.4. CITY-ST-ZIP	FTMYERS PL		
TITLE	SD	DELETE	4.1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition
NAME	SANNE, BETTY L		4.2 NAME			
STREET ADDRESS	1925 CLIFFORD ST #1001		4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL		4.4 City-ST-ZIP	<u> </u>		
THILF		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			}
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST-ZIP	<u>                                     </u>		j
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME	}		Ì
STREET ADDRESS			6.3 STREET ADDRESS			
מול . 21. מול			64 CITY ST. 7IP			ì

14. I do 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

SIGNATURE:

REQUIRED

Daytime Phone # 0055749

**FILED** 

May 16 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 04/04/1980

59-2139172

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

3a. Date of Last Report 07/08/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable