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FILED
Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

4. FEI Number: 59-2139172
Applied For: Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country

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. Is this nonprofit corporation a homeowners association? Condo Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WILSON, TERRY M
1901 CLIFFORD ST, #301
FT MYERS FL 33901

10. Name and Address of New Registered Agent
81 Name: John ASP
82 Street Address (P.O. Box Number is Not Acceptable): 1925 Clifford Street #102
83 City: Fort Myers, Florida 33901
84 City: FL 85 Zip Code

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, TERRY M	
STREET ADDRESS	1901 CLIFFORD ST, #301	
CITY - ST - ZIP	FT MYERS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LUTZ, J.P.	
STREET ADDRESS	1925 CLIFFORD ST, #1202	
CITY - ST - ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOCO, MURIEL K	
STREET ADDRESS	1925 CLIFFORD ST, #203	
CITY - ST - ZIP	FT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANNE, BETTY L	
STREET ADDRESS	1925 CLIFFORD ST #1001	
CITY - ST - ZIP	FT MYERS FL	
TITLE	2021 John Franz	<input type="checkbox"/> DELETE
NAME	1901 Clifford St SU-201	
STREET ADDRESS	FT. MYERS FL 33901	
CITY - ST - ZIP		
TITLE	Beam, Robert	<input type="checkbox"/> DELETE
NAME	1901 Clifford St SU-1003	
STREET ADDRESS	FT. MYERS FL 33901	
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ASP, John	
1.3 STREET ADDRESS	1925 Clifford St. #1301	
1.4 CITY - ST - ZIP	Fort Myers Florida 33901	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		No Change
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		No Change
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		No Change
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Board member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 effective date.

SIGNATURE: [Signature]

CR2E037 (10/97)