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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 751879

1. Corporation Name
SUNSET OF FORT MYERS CONDOMINIUM ASSOCIATION, INC.

* 9 0236 . 90040 3 . 44 D *

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2139172	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ASP, JOHN 1925 CLIFFORD ST #105 FT MYERS FL 33901				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASP, JOHN	1.2 NAME	
STREET ADDRESS	1925 CLIFFORD ST, 1301	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Board member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTZ, J.P.	2.2 NAME	Scott, Elbert E.
STREET ADDRESS	1925 CLIFFORD ST, #1202	2.3 STREET ADDRESS	1901 Clifford St, SV-702
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Fort Myers FL 32901
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	Split, Virginia (Bm) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOCO, MURIEL K	3.2 NAME	1925 Clifford St, SA-503
STREET ADDRESS	1925 CLIFFORD ST, #203	3.3 STREET ADDRESS	ft myers 71 33901
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	BM <input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIDDON, FRAN	5.2 NAME	
STREET ADDRESS	1901 CLIFFORD ST SV-201	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	5.4 CITY-ST-ZIP	
TITLE	BM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAM, ROBERT	6.2 NAME	
STREET ADDRESS	1901 CLIFFORD ST SV-1003	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33901	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 address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1-4-99 Daytime Phone #

CR2E037 (11/98)