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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:40

DOCUMENT # **759497** **(1)**

1. Corporation Name

THE SUZANNE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
855 KETCH DR #104 NAPLES FL 33940	855 KETCH DR #104 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1981
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2167858 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LANDON, GLENN A.
855 KETCH DRIVE #107
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE	V/D	☐ Change ☐ Addition
NAME	~~RONNER, WILLIAM~~	1.2 NAME	Harrington, Jeanne	
STREET ADDRESS	~~25 KETCH DR 106~~	1.3 STREET ADDRESS	855 Ketch Drive #305	
CITY-ST-ZIP	~~NAPLES, FL 00000~~	1.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	~~TD~~	2.1 TITLE	T/D	☐ Change ☐ Addition
NAME	~~DAETZ, GEORGE~~	2.2 NAME	Mortell, William H.	
STREET ADDRESS	~~825 KETCH DRIVE #303~~	2.3 STREET ADDRESS	825 Ketch Drive #202	
CITY-ST-ZIP	~~NAPLES, FL 00000~~	2.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	LANDON, GLENN A	3.2 NAME		
STREET ADDRESS	855 KETCH DR 107	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP		
TITLE	~~VPD~~	4.1 TITLE	D	☐ Change ☐ Addition
NAME	SHEEHAN, JOSEPH	4.2 NAME		
STREET ADDRESS	855 KETCH DR 304	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	KISZKA, FRANCIS J	5.2 NAME		
STREET ADDRESS	855 KETCH DRIVE #206	5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: _____ 3/12/95 813-261-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018386