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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
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DOCUMENT # 759497

1. Corporation Name

THE SUZANNE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

855 KETCH DR #104
 NAPLES FL 34103
 US

Mailing Address

855 KETCH DR #104
 NAPLES FL 34103
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/06/1981
22 City & State	27 #304	4. FEI Number
23 Zip	28 City & State	59-2167858
24 Country	29 Zip	Applied For
	30 Country	Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

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 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, 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	SD ☐ DELETE	1.1 TITLE	TD ☒ Change ☐ Addition
NAME	MCKENNA, MARGARET	1.2 NAME	
STREET ADDRESS	825 KETCH DRIVE #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	DOWLING, KENNETH	2.2 NAME	
STREET ADDRESS	855 KETCH DRIVE #304	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SLAYTON, EILEEN	3.2 NAME	
STREET ADDRESS	855 KETCH DR, #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	3.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	4.1 TITLE	SD ☐ Change ☐ Addition
NAME	HERNDON, DUDLEY	4.2 NAME	
STREET ADDRESS	825 KETCH DRIVE #301	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	5.1 TITLE	D ☐ Change ☐ Addition
NAME	LANDON, GLENN	5.2 NAME	George Campbell
STREET ADDRESS	855 KETCH DRIVE #107	5.3 STREET ADDRESS	825 Ketch Dr. #302
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples FL 34103
TITLE	☐ DELETE	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 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:

Kenneth Dowling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 3-24-99 Daytime Phone # 643-5935

CR2E037 (11/98)