

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N05799** (4)  
1. Corporation Name  
**SUNSET COVE AT CHOKOLOOSKEE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
STATE ROAD 29 CHOKOLOOSKEE FL 33925  
*Chokoloskee, Fl. 33925*  
P.O. BOX 11209 NAPLES FL 33941-1209

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24  
25

9. Name and Address  
**BANTZ, THOMAS M.  
4985 E. TAMRAMI TRAIL  
NAPLES FL 33962**

11. Pursuant to the provisions of Statute or registered agent, or both, in familiar with, and accept the obligation  
SIGNATURE \_\_\_\_\_  
Date \_\_\_\_\_

*CHOKOLOOSKEE IS A COMMUNITY OF LESS THAN 500 PERSONS  
NO STREET ADDRESS OTHER THAN HIGHWAY 29*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/23/1984** 3a. Date of Last Report **04/22/1994**

4. FEI Number **65-0142134** 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

10. Name and Address of New Registered Agent  
Address (P.O. Box Number is Not Acceptable)  
FL 339 Zip Code

I, the undersigned, hereby certify that the information furnished is true and correct and that my signature shall have the same legal effect as if made under oath. I hereby accept the appointment as registered agent. I am \_\_\_\_\_  
Date \_\_\_\_\_

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
SD	SHEPARD, HARRY D	P.O. BOX 310 STATE RD 29	CHOKOLOOSKEE, FL
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
STD	JANE NIXON	P O BOX 191 HIGHWAY 29	CHOKOLOOSKEE FL 33925
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
VD	ROBERT LUDFORD	P O BOX 549 HIGHWAY 29	CHOKOLOOSKEE FL 33925
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
PD	VINCENT GRILLO	P O BOX 656 155 SMALLWOOD DR	CHOKOLOOSKEE FL 33925
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Jane M. Nixon*  
DATE: *4-9-95* TELEPHONE: *813-695-2881*  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMICILIARY OFFICER OR DIRECTOR