

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 04 1997 8:00am  
 Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N05799 (4)**

1. Corporation Name  
**SUNSET COVE AT CHOKOLOSKEE CONDOMINIUM ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>STATE ROAD 29<br>33925 LOSKEE FL 33925<br>US | Mailing Address<br>P.O. BOX 11209<br>NAPLES FL 33941-1209 |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                |                           |   |                                       |
|--------------------------------|---------------------------|---|---------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address       | 3. Date Incorporated or Qualified<br>10/23/1984   | 3a. Date of Last Report<br>04/18/1996 |
| 21                             | 26                        | 4. FEI Number<br>65-0142134   | Applied For<br>Not Applicable         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.       | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 22                             | 27                        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| City & State                   | City & State<br>NAPLES FL | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |
| Zip                            | Country                   |   |                                       |
| 24                             | 25                        | 29  | 30                                    |
|                                |                           | 3401-1209   | U.S.A.                                |

9. Name and Address of Current Registered Agent

**BANTZ, THOMAS M.**  
 4985 E. TAMiami TRAIL  
 NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name **STEPHEN P. HART**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**COLLIER FINANCIAL INC.**  
 83 **4985 E. TAMiami TRAIL**  
 84 City **NAPLES** FL 85 Zip Code **34113**

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]* DATE **7/22/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          | STD                          | <input type="checkbox"/> DELETE            |
| NAME           | NIXON, JANE                  |  |
| STREET ADDRESS | P O BOX 191 HWY 29           |  |
| CITY-ST-ZIP    | CHOKOLOSKEE, FL              |  |
| TITLE          | VD                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | LUDFORD, ROBERT              |  |
| STREET ADDRESS | P O BOX 549 HWY 29           |  |
| CITY-ST-ZIP    | LUBINGTON MI                 |  |
| TITLE          | PD                           | <input type="checkbox"/> DELETE            |
| NAME           | GRILLO, VINCENT              |  |
| STREET ADDRESS | P O BOX 656 155 SMALLWOOD DR |  |
| CITY-ST-ZIP    | PLANTATION FL                |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> DELETE            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | V.P.D. <b>BARRETT, MOE'S</b>   |
| 2.3 STREET ADDRESS | N/A.   |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do 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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *[Signature]* DATE: **7-25-97** **941-774-1142**

CR2E037 (4/97)