


FILE NOW: FILING FEE IS \$61.25

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**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05799 (4)

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



Principal Place of Business STATE ROAD 29 33825 LOSKEE FL 33825 US	Mailing Address P.O. BOX 11209 NAPLES FL 34101-1209 US
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3. Date Incorporated or Qualified
10/23/1984

4. FEI Number 65-0142134	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State Chokoloskee	27 City & State
23 Zip FL	28 Country 34138
24 Country FL	30 Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TRAIL
NAPLES FL 34113**

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

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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BARRET, MORRIS	
STREET ADDRESS	P.O. BOX 549 HWY 29 N/A	
CITY-ST-ZIP	LUBINGTON MI	
TITLE	PO	<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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANDRA SPROSS	
2.3 STREET ADDRESS	P.O. Box 155	N/A.
2.4 CITY-ST-ZIP	Chokoloskee FL	
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 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: *Jane M. Nixon* *Sandra Spross* **4-14-98 941-774-1142**

CR2E037 (10/97)