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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 # N05799

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

Principal Place of Business STATE ROAD 29 CHOKOLOSKEE FL 34138 US	Mailing Address P.O. BOX 11209 NAPLES FL 34101-1209 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/23/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0142134
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SPROSS, SANDRA	
STREET ADDRESS	P. O. BOX 155	
CITY-ST-ZIP	CHOKOLOSKEE FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34138
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	34138
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Chokoloskee FL 34138
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VPD C. Wade Tidwell
4.3 STREET ADDRESS	P.O. Box 950
4.4 CITY-ST-ZIP	LAKEland, FL 33802
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, with all other like empowered.

SIGNATURE: *Jane Nixon* SIGNATURE REQUIRED
 Date: 3-24-99 Daytime Phone #: 941-695-3888