# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **N40588** **(8)**

1. Corporation Name

**SOUTHWEST SUNSET VOLLEYBALL CLUB, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1833 HENDRY ST<br>P O DRAWER 1507<br>FT MYERS FL 33902 | 1833 HENDRY ST<br>P O DRAWER 1507<br>FT MYERS FL 33902 |

3. Date Incorporated or Qualified: 10/29/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 2215 FIRST ST.
22: Suite, Apt. #, etc.
23: City & State: FORT MYERS, FL
24: Zip: 33901
25: Country

2a. Mailing Address
26: P.O. Box 1380
27: Suite, Apt. #, etc.
28: City & State: FORT MYERS, FL
29: Zip: 33902
30: Country

4. FEI Number: 65-0230261 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

**9. Name and Address of Current Registered Agent**

HARRISON, G. GORDON
3823 S.E. 13TH AVENUE
CAPE CORAL FL 33904

**10. Name and Address of New Registered Agent**

81 Name: SHELDON E. FINMAN
82 Street Address (P.O. Box Number is Not Acceptable): 2215 FIRST ST.
83:
84 City: FORT MYERS, FL 85 Zip Code: 33901

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: Sheldon E. Finman — SHELDON E. FINMAN — DIRECTOR — 2/1/96
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 | D | ☐ DELETE | 1.1 TITLE | PD | ☑ Change ☐ Addition |
| NAME | FINMAN, SHELDON E. | | 1.2 NAME | TOM HARLACHER | |
| STREET ADDRESS | 2215 FIRST ST | | 1.3 STREET ADDRESS | P.O. BOX 7872 "N/A" | |
| CITY-ST-ZIP | FORT MYERS FL | | 1.4 CITY-ST-ZIP | FORT MYERS, FL 33911 | |
| TITLE | D | ☑ DELETE | 2.1 TITLE | VD | ☑ Change ☐ Addition |
| NAME | ESKAY, LINDA | | 2.2 NAME | FRANK MULLINS | |
| STREET ADDRESS | 15731 COUNTRY CT SE | | 2.3 STREET ADDRESS | 1364 Tanglewood Pkwy | |
| CITY-ST-ZIP | FORT MYERS FL | | 2.4 CITY-ST-ZIP | FORT MYERS, FL 33919 | |
| TITLE | TD | ☑ DELETE | 3.1 TITLE | SD | ☑ Change ☐ Addition |
| NAME | LAPORTA, PAT | | 3.2 NAME | SHEILA CARLSON | |
| STREET ADDRESS | 16930 JUANITA AVENUE | | 3.3 STREET ADDRESS | 7221 Kumquat | |
| CITY-ST-ZIP | FORT MYERS FL | | 3.4 CITY-ST-ZIP | FORT MYERS, FL 33902 | |
| TITLE | D | ☑ DELETE | 4.1 TITLE | TD | ☑ Change ☐ Addition |
| NAME | HARLACHER, PAM | | 4.2 NAME | LORRIE CHRISTOPOULOS | |
| STREET ADDRESS | P O BOX 7872 N/A | | 4.3 STREET ADDRESS | 25504 Carney Circle | |
| CITY-ST-ZIP | FT MYERS FL | | 4.4 CITY-ST-ZIP | BONITA SPRINGS, FL 33923 | |
| TITLE | PD | ☑ DELETE | 5.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | HARRISON, G. GORDON | | 5.2 NAME | PAT MATHEWS | |
| STREET ADDRESS | 3823 SE 13TH AVENUE | | 5.3 STREET ADDRESS | 8951 BONITA BEACH ROAD | |
| CITY-ST-ZIP | CAPE CORAL FL | | 5.4 CITY-ST-ZIP | BONITA SPRINGS, FL 33923 | |
| TITLE | SD | ☑ DELETE | 6.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | QUEISSER, MARY | | 6.2 NAME | KATIE DYSHANDWITZ | |
| STREET ADDRESS | 643 ASTARIAS CIR | | 6.3 STREET ADDRESS | 17355 MEADOWLAKE CIRCLE | |
| CITY-ST-ZIP | FT MYERS FL | | 6.4 CITY-ST-ZIP | FORT MYERS, FL 33912 | |

CR2E037 (12/95)

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Sheldon E. Finman — SHELDON E. FINMAN — 2/1/96 — 941/332-4543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #