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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
2215 FIRST ST P O DRAWER 1507 FORT MYERS FL 33901 US	P.O. BOX 1360 P O DRAWER 1507 FORT MYERS FL 33902 US

3. Date Incorporated or Qualified: 10/29/1990

4. FEI Number: 65-0230261 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P. O. Box 61485	26 P. O. Box 61485
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Fort Myers, FL	28 Fort Myers, FL
24 Zip 33906 / 25 Country USA	29 Zip 33906 / 30 Country USA

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	10. Name and Address of New Registered Agent
FINMAN, SHELDON E 2215 FIRST ST FORT MYERS FL 33901	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FINMAN, SHELDON E.		1.2 NAME		
STREET ADDRESS	2215 FIRST ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	PVTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MULLINS, FRANK		2.2 NAME		
STREET ADDRESS	1364 TANGLEWOOD PKWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, SHEILA		3.2 NAME		
STREET ADDRESS	7221 KUMQUAT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MULLINS, KAREN		4.2 NAME		
STREET ADDRESS	1364 TANGLEWOOD PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Frank Mullins RE Frank Mullins 4-9-98 (941) 561-4141