1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N40588

1. Corporation Name

SOUTHWEST SUNSET VOLLEYBALL CLUB, INC.

Principal Place of Business
P.O. BOX 61485 FORT MYERS FL 33906
DC MILETO / E GOOG

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

P.O. BOX 61485 FORT MYERS FL 33906

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90021 007 ****61.25



3. Date Incorporated or Qualifed

Certificate of Status Desired

10/29/1990

65-0230261

4. FEI Number

Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be	23		28					Fee Req	uired ,	
28		Country	Zip	Country		6. Election Campaign Finance	Election Campaign Financing \$5.00 May Be			
10. Name and Address of New Registered Agent 10. Name 10. N	24	25	293	30		Trust Fund Contribution	tion Added to Fees			
FINMAN, SHELDON E 2215 FIRST ST FORT MYERS FL 33901 44 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 agent, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECT						10. Name and Address of New Registered Agent				
2215 FRST ST FORT MYERS FL 33901 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids 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 Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florids Statutes. SIGNATURE Signature, Typed or printed name of regulational opers and the ni applicable. PORT MYERS FL TITLE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Was a control of the purpose of changing its registered organic and stent applicable. PITURE D NUME STREET ADDRESS TITLE SD OBLIETE 21 TITLE D OBLIETE 21 TITLE D OBLIETE 31 TITLE T D OBLIETE 41 TITLE D OBLIETE 51 TITLE SD NULLINS, KAREN 32 STREET ADDRESS 53 STREET ADDRESS 54 Change Addition Addition Addition Addition Addition Addition Addition CARLSON, SHEILA 32 STREET ADDRESS TO THE MYERS FL 33 910 Change Addition Change Change Change Change Addition Change Addition Change Change Change Change Change Change Change				81	Name				}	
2215 FRST ST FORT MYERS FL 33901 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids 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 Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florids Statutes. SIGNATURE Signature, Typed or printed name of regulational opers and the ni applicable. PORT MYERS FL TITLE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Was a control of the purpose of changing its registered organic and stent applicable. PITURE D NUME STREET ADDRESS TITLE SD OBLIETE 21 TITLE D OBLIETE 21 TITLE D OBLIETE 31 TITLE T D OBLIETE 41 TITLE D OBLIETE 51 TITLE SD NULLINS, KAREN 32 STREET ADDRESS 53 STREET ADDRESS 54 Change Addition Addition Addition Addition Addition Addition Addition CARLSON, SHEILA 32 STREET ADDRESS TO THE MYERS FL 33 910 Change Addition Change Change Change Change Addition Change Addition Change Change Change Change Change Change Change	FINMAN SHELDON F				Street A	ddress (P.O. Box Number is Not Ac	ceptable)			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, 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, and accept the colligations of, Section 617.0503, Florida Statutes. 10.										
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 author/tood by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was author/tood by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0502 florida Statutes. SIGNATURE 30-change or printed runne of registered agent and title of applicable. NAME STREET ADDITIONS. 13. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TITLE D SQ DELETE 11. TITLE P D SQ Change Addition Laurie Obreza 14.622 Aeries Way Drive 14. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TITLE P D SQ Change Addition 16. To Myers FL 33912 Change Addition 17. Myers FL 33912 Change Addition 18. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12. 10. ADDITIONS.CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE P D SQ Change Addition 11. TITLE D SQ DELETE 31. TITLE D CARLSON, SHELA 32. TITLE D CARLSON, SHELA 32. TITLE D CARLSON, SHELA 33. STREET ADDRESS 16.22. Forest Oaks Dr TOT MYERS FL 34. GITY-ST-ZP FORT MYERS FL 34. GITY-ST-ZP FORT MYERS FL 35. TITLE D Change Addition TOT D Change Add										
The Pursuant to the provisions of Sections 517.0502 and 617.1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its 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, or the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. P D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. P D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. Laurie Obreza 13. TIME 12. Laurie Obreza 14.62.2 Aeries Way Drive Fr. Myers FL 33912 VP D				84	City			85 Zip C	ode	
office or registered agent, or both, in the State of Floridas Such nearge was authorized by the comportation's board of director's. Thereby accepts the application of Section 617:0503, Florida Statutes. SIGNATURE				-	•					
Suprature typed or printed rampet on any time of applications. NOTE Registrated Agent approaches	office or n	egistered agent, or both, in the State of	t Florida. Such change was autr	NOTIZED DV	-named co the corpor	orporation submits this statement for ation's board of directors. I hereby a	r the purpose of a accept the appoir	changing its r itment as reg	egistered istered	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE		and title of explicable (NOTE: De	ndetered Agen	Leionatura 790	ultrari when reinstating)	DATE			
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STREET ADDRESS TINMAN, SHELDON E. 12 NAME 13 STREET ADDRESS 14 G2				1.1 TITLE	T					
STREET ADDRESS CITY-ST-ZP]	·		1.2 NAME		Laurie Obreza			;	
TITLE PVTD				1.3 STREET	ADDRESS	14622 Aeries Way Dr	ive			
TITLE PVID				1.4 CITY-ST	-ZIP	Ft. Myers FL 3391	12			
MULLINS, FRANK STREET ADDRESS CITY-ST-ZIP FORT MYERS FL TITLE NAME MULLINS, FRANK 1364 TANGLEWOOD PKWY CITY-ST-ZIP FORT MYERS FL TO STREET ADDRESS CITY-ST-ZIP FT MYERS FL TO STREET ADDRESS CITY-ST-ZIP FT MYERS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDR			▼ DELETE					Change	☐ Addition	
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City-St-ZiP	STREET ADDRESS			2.3 STREET	ADDRESS	1682 N. Hermitage R	₹d.∴			
TITLE SD	CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	Ft. Myers FL 3391	19			
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Indicated on this annual report or supplied with this fitting does not qualify for the exemption stated in Section 1.18.07(3)(f), ribidial statutes. I have the control 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.

Applied For

\$8.75 Additional

Not Applicable