2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # N40588

1. Entity Name
SOUTHWEST SUNSET VOLLEYBALL CLUB, INC.

Principal Place of Business	Mailing Address
8695 COLLEGE PKWY STE 205 FORT MYERS, FL 33919 US	8695 COLLEGE PKWY STE 205 FORT MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE

02052004 No Chg-NP CR2E037 (10/03)

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FINMAN, SHELDON E
2215 FIRST ST
FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000039953
03/31/04-80025-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAXTER, TOM
STREET ADDRESS	2254 CHANDLER AVE
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	VD
NAME	SHEETS, VICKI
STREET ADDRESS	2130 DOVER
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	T
NAME	HESSEL, PATRICIA
STREET ADDRESS	6338 COCOS DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	SD
NAME	CROKE, SHARON
STREET ADDRESS	5731 GRILLET PL
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	PD
NAME	HARRELL, STEVE
STREET ADDRESS	1456 PERWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #