

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 MAY -1 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004978 (2)**

1. Corporation Name

SUNSTONE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8001 RADIO RD.
NAPLES FL 33942

8001 RADIO RD.
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1994

3a. Date of Last Report

4. FEI Number

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRINKMAN, LINDA C
500 FIFTH AVE. SOUTH
SUITE 509
NAPLES FL 33940

81 Name

Terry A. Lurie

82 Street Address (P.O. Box Number is Not Acceptable)

2430 Shadowlawn Drive

83 Suite 18

84 City

Naples

FL

85 Zip Code
33962

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
4/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **WOOD, JACOB N**
STREET ADDRESS: **8001 RADIO RD.**
CITY - ST - ZIP: **NAPLES FL 33942**

1.1 TITLE: Change Addition
1.2 NAME: **Nagar, Jacob N. (Correct Name)**
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:

TITLE: **D**
NAME: **JEDA, RON**
STREET ADDRESS: **8001 RADIO RD.**
CITY - ST - ZIP: **NAPLES FL 33942**

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

TITLE: **D**
NAME: **BRINKMAN, LINDA C**
STREET ADDRESS: **500 5TH AVE. SOUTH**
CITY - ST - ZIP: **NAPLES FL 33940**

3.1 TITLE: Change Addition
3.2 NAME: **D**
3.3 STREET ADDRESS: **Terry A. Lurie**
3.4 CITY - ST - ZIP: **2430 Shadowlawn Drive, Suite 18**
Naples, FL 33962

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

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 110.07(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:

[Signature]

Jacob Nagar, President

4/26/95

813-353-2500

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)