

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N94000004978 (2)**  
1. Corporation Name  
**SUNSTONE ASSOCIATION, INC.**



Principal Place of Business <b>8001 RADIO RD. NAPLES FL 33942</b>	Mailing Address <b>1044 CASTELLO DR. SUITE 206 NAPLES FL 34103-1800</b>
--	--

3. Date Incorporated or Qualified <b>10/10/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
---	--

4. FEI Number <b>65-0602042</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**VOGEL, JAMES D., ESQ.  
3936 TAMiami TRAIL N.  
SUITE B  
NAPLES FL 33940**

10. Name and Address of New Registered Agent  
81 Name  
**Southwest Property Management Corp.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1044 Castello Drive**  
83 Suite 206  
84 City  
**Naples** FL 85 Zip Code  
**34103**

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 *Stephen E. Williams* **STEPHEN E. WILLIAMS** **4/7/97**  
Signature typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NAGAR, JACOB N</b>	1.2 NAME	<b>Vogel, Jim</b>
STREET ADDRESS	<b>8001 RADIO RD.</b>	1.3 STREET ADDRESS	<b>3936 Tamiami Trail N., Suite B</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>Naples, Florida</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>pp</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEDA, RON</b>	2.2 NAME	
STREET ADDRESS	<b>8001 RADIO RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOGEL, JIM</b>	3.2 NAME	
STREET ADDRESS	<b>3936 TAMiami TRAIL N.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)