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05-06-1999 90085 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000004978

1. Corporation Name
SUNSTONE ASSOCIATION, INC.

Principal Place of Business

8001 RADIO RD.
 NAPLES FL 34104
 US

Mailing Address

1044 CASTELLO DR.
 SUITE 206
 NAPLES FL 34103
 US



2. Principal Place of Business

21 **1100 FIFTH AVE S.**

Suite, Apt. #, etc.

22 **SUITE 201**

City & State

23 **NAPLES FL**

Zip Country

24 **34102** 25 **USA**

2a. Mailing Address

26 **1100 FIFTH AVE S.**

Suite, Apt. #, etc.

27 **SUITE 201**

City & State

28 **NAPLES FL**

Zip Country

29 **34103** 30 **USA**

3. Date Incorporated or Qualified

10/10/1994

4. FEI Number

65-0602042

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DRIVE
STE. 206
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name **CHERYL R. KRAUS**

82 Street Address (P.O. Box Number is Not Acceptable)
1072 GOODLETTE RD

83
 84 City **NAPLES**

85 Zip Code **FL 34102**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CHERYL R KRAUS **4/28/99**

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **NAGAR, JACOB N**
 STREET ADDRESS **8001 RADIO RD.**
 CITY-ST-ZIP **NAPLES FL**

TITLE **PD** DELETE
 NAME **JEDA, RON**
 STREET ADDRESS **8001 RADIO RD.**
 CITY-ST-ZIP **NAPLES FL**

TITLE **STD** DELETE
 NAME **BERNERT, JAN**
 STREET ADDRESS **8001 RADIO ROAD**
 CITY-ST-ZIP **NAPLES FL**

TITLE **STD** DELETE
 NAME **VOGEL, JIM**
 STREET ADDRESS **3936 TAMiami TRAIL N., STE. B**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P.D** Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE **VPD** Change Addition
 2.2 NAME **SHILLING CINDY**
 2.3 STREET ADDRESS **780 SOUTH COLLIER BLVD. #508**
 2.4 CITY-ST-ZIP **MARCO ISLAND FL 34115**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

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

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

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, with all other like empowered.

SIGNATURE:

JACOB NAGAR

4/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)