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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N95000002970 (0)**

1. Corporation Name

SUNSET CAY VILLAS II CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
25000 TAMIAMI TR E NAPLES FL 33961	11314 SUNRAY DRIVE BONITA SPRINGS FL 34135-6917 US

3. Date Incorporated or Qualified: 06/19/1995
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business
21 4600 Executive Dr.
Suite, Apt. #, etc.
22 #300
City & State
23 Naples, FL
Zip 24 34119 Country 25 USA

2a. Mailing Address
26 11314 Sunray Dr.
Suite, Apt. #, etc.
27 —
City & State
28 Bonita Springs, FL
Zip 29 34135 Country 30 USA

4. FEI Number: 65-0650353 ☐ Applied For ☐ Not Applicable

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

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

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

9. **Name and Address of Current Registered Agent**

STANLEY, JOHN F
2660 AIRPORT RD S
NAPLES FL 33962

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARDY, ROBERT S		1.2 NAME		
STREET ADDRESS	6298 BURNHAM RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		1.4 CITY-ST-ZIP		
TITLE	D Burgeson	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	~~BERGUSON~~, RICHARD		2.2 NAME	Burgeson, Richard	
STREET ADDRESS	4500 EXECUTIVE DR SUITE 300		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	~~BURGESON~~, KARIN		3.2 NAME	Colson, Karin	
STREET ADDRESS	4500 EXECUTIVE DRIVE SUITE 300		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: [illegible] REQUIRED 2/25/97 941 597-9044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060484