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FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
May 08 1998 8:00am
Secretary of State

DOCUMENT # N95000002970 (0)

1. Corporation Name

SUNSET CAY VILLAS II CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
4500 EXECUTIVE DRIVE STE 300 NAPLES FL 34119 US	Gulf Coast Management Services 10060 Amberwood Road, Suite 3 Fort Myers, Fl 33913

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21	26 10060 Amberwood Road	06/19/1995	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27 3	65-0650353	Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23	28 Ft. Myers, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	7. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No
24 / 25	29 33913 / 30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~STANLEY, JOHN F~~ ~~2660 AIRPORT RD S~~ ~~NAPLES FL 33962~~	81 Name Bob Geller 82 Street Address (P.O. Box Number is Not Acceptable) c/o Gulf Coast Management Services 83 10060 Amberwood Road #3 84 City Ft. Myers FL 85 Zip Code 33913

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 Robert E. Geller — Signature, type or print name of registered agent and title if applicable — Robert E. Geller — (NOTE: Registered Agent signature required when reinstating) — DATE 4/2/98

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	6296 BURNHAM RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33999		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURGESON, RICHARD		2.2 NAME		
STREET ADDRESS	4500 EXECUTIVE DR SUITE 300		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLSON, KARIN		3.2 NAME		
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 (10/97)

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.

SIGNATURE: Richard Burgeson Richard Burgeson 4.1.98 941.597.9058