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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N95000002970**

1. Corporation Name

SUNSET CAY VILLAS II CONDOMINIUM ASSOCIATION, IN C.

* 4 8 7 3 5 *
497359 - 90232 - 22

Principal Place of Business	Mailing Address
4500 EXECUTIVE DRIVE STE 300 NAPLES FL 34119 US	10060 AMBERWOOD RD STE 3 FT MYERS FL 33913 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/19/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0650353 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~GELLER, BOB~~
C/O GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD RD, #3
FT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name: Geller, Bob
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDY, ROBERT S 6298 BURNHAM RD NAPLES FL 33999	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Angie McAlear 242 Newport Drive #2 Naples, FL. 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGESON, RICHARD 4500 EXECUTIVE DR SUITE 300 NAPLES FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DST Ronald Gilbert 242 Newport Drive #7 Naples, FL 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLSON, KARIN 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DP Hesso Kiviranga 230 Newport Drive #10 Naples, FL 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Thomas Weis 206 Newport Drive #3 Naples, FL 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DV Thomas Sledjes Ki 205 Newport Drive #9 Naples, FL 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: SIGNATURE REQUIRED Hesso Kiviranga 4-2-99 941-561-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #