

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000391 (0)
1. Corporation Name
SUNSET CAY VILLAS III CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business 25000 TAMAMI TRAIL EAST NAPLES FL 33961	Mailing Address 25000 TAMAMI TRAIL EAST NAPLES FL 33961
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3. Date incorporated or Qualified 01/19/1996		
4. FEI Number 65-0705746	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 303 FILLMORE ST.	2a. Mailing Address 26 303 FILLMORE ST.
Suite, Apt. #, etc. 22 APT 202	Suite, Apt. #, etc. 27 APT 202
City & State 23 Naples FL	City & State 28 Naples FL
Zip 24 34104	Country 25 USA
Country 25 USA	Zip 29 34104
Country 30 USA	Country 30 USA

9. Name and Address of Current Registered Agent
**STANLEY, JOHN F
2880 AIRPORT ROAD SOUTH
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name William H. Adkins	
82 Street Address (P.O. Box Number Is Not Acceptable) 303 FILLMORE ST.	
83	
84 City Naples	85 Zip Code FL 34104

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 William H. Adkins **William H. Adkins** **3/29/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME HARDY, ROBERT S	
STREET ADDRESS 4500 EXECUTIVE DR., STE 300	
CITY-ST-ZIP NAPLES FL	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME BURGESON, RICHARD J	
STREET ADDRESS 4500 EXECUTIVE DR., STE 300	
CITY-ST-ZIP NAPLES FL	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME COLSON, KAREN	
STREET ADDRESS 4500 EXECUTIVE DR., STE 300	
CITY-ST-ZIP NAPLES FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Robert Johnson	
1.3 STREET ADDRESS 622 Cumberland Hills Drive	
1.4 CITY-ST-ZIP Hendersonville, TN 37075	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME James Ethridge	
2.3 STREET ADDRESS 194 Newport Drive #208	
2.4 CITY-ST-ZIP Naples, FL 34114	
3.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Alice Weagley	
3.3 STREET ADDRESS 218 Newport Drive #208	
3.4 CITY-ST-ZIP Naples, FL 34114	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Marlene Marchand	
4.3 STREET ADDRESS 218 Newport Drive #904	
4.4 CITY-ST-ZIP Naples, FL 34114	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME John Cape	
5.3 STREET ADDRESS 194 Newport Drive #707	
5.4 CITY-ST-ZIP Naples, FL 34114	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Alice L. Weagley **Alice L. Weagley** **4/1/98** **941-389-1068**

CR2E037 (10/97)