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Apr 08 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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



3. Date Incorporated or Qualified

01/19/1996

4. FEI Number

65-0705746

Applied For

Not Applicable

2. Principal Place of Business

21 303 FILLMORE ST.

Suite, Apt. #, etc.

22

City & State

23 Naples FL

Zip

24 34104

Country

25 USA

2a. Mailing Address

26 303 FILLMORE ST.

Suite, Apt. #, etc.

27

City & State

28 Naples FL

Zip

29 34104

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

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

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

FL

85 Zip Code

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 ☒ DELETE

NAME PD  
HARDY, ROBERT S  
STREET ADDRESS 4500 EXECUTIVE DR., STE 300  
CITY-ST-ZIP NAPLES FL

TITLE ☒ DELETE

NAME VPD  
BURGESON, RICHARD J  
STREET ADDRESS 4500 EXECUTIVE DR., STE 300  
CITY-ST-ZIP NAPLES FL

TITLE ☒ DELETE

NAME STD  
COLSON, KAREN  
STREET ADDRESS 4500 EXECUTIVE DR., STE 300  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☒ Addition

1.2 NAME PD  
Robert Johnson  
1.3 STREET ADDRESS 622 Cumberland Hills Drive  
1.4 CITY-ST-ZIP Hendersonville, TN 37075

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VD  
James Ethridge  
2.3 STREET ADDRESS 194 Newport Drive #208  
2.4 CITY-ST-ZIP Naples, FL 34114

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME STD  
Alice Weagley  
3.3 STREET ADDRESS 218 Newport Drive #208  
3.4 CITY-ST-ZIP Naples, FL 34114

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D  
Marlene Marchand  
4.3 STREET ADDRESS 218 Newport Drive #904  
4.4 CITY-ST-ZIP Naples, FL 34114

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D  
John Cape  
5.3 STREET ADDRESS 194 Newport Drive #707  
5.4 CITY-ST-ZIP Naples, FL 34114

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.

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

CR2E037 (10/97)