3-18-97 B-3232 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 18 1997 8:00am Secretary of State

DOCUMENT #	N96000006039	(9)
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SUN H	ARBOUR CLUB CONDOMI	NIUM ASSOCIATION, I	INC.			
Principal Place	e of Business	Mailing Address				AIGI 00111 00110 91111 04106 1460 1061 1061
801 LAUREL OAK DR SUITE 640 NAPLES FL 34108		801 LAUREL OAK DR SUITE 640 NAPLES FL 34108-2707				
					3. Date Incorporated or Qualified 11/21/1996	3a. Date of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address			4. FFI Number	Applied For
21		26				Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Zip Country		Trust Fund Contribution	Added to Fees
24	25	29	30	,	8. This corporation has liability for it Florida Statutes	ntangible tax under s. 199.032,
24	9. Name and Address of Currer	and the contract of the contra	190]		10. Name and Address of New Reg	
			81	Name		February T. 1
WOODW	/ARD, MARK J		82	Stroot Add	lress (P.O. Box Number is Not Acceptab	(0)
	REL OAK DR		02	Silect Add	iress (1.0. box Number is Not Acceptab	ic)
SUITE 64			83			
NAPLES	FL 34108		84	City		85 Zip Code
44.5				l		FL 60 Zip code
11. Pursuant l	to the provisions of Sections 617.050 egistered agent, or both, in the State	/2 and 617.1508, Florida Statu of Florida Such change was	utes, the abov authorized b	e-named cor y the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617,0503, F	Torida Statute	S.	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE _	Signature, typed or printed name of registered age	on and title it applicable (NC	1D. Benistered An	ent signal ire renu	rred when reinstating)	DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	MOZAYENY, KOOROSH	1.21				
STREET ADDRESS	801 LAUREL OAK DR		1.3 STREE	LADORESS		
CITY - ST - ZIP	NAPLES FL 34108	· · · · · · · · · · · · · · · · · · ·	1.4 CITY - ST - ZIF			
TITLE	D	☐ DELETE	2.1 101.6			Change Addition
NAME	MOZAYENY, MOSTAFA		2.2 NAME			
STREET ADDRESS	801 LAUREL OAK DR		2.3 STREE	ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-	ST-ZIP		D 00
TITLE	D DADAM NIOVE	☐ DELETE	3.1 TITLE			Change Addition
NAME	BADAMI, NICK F TWO ETHEL DR		3.2 NAME			
STREET ADDRESS	NEW YORK NY 10956		3.3 STREE	i		
CITY-ST-ZIP TITLE	MENT TORK IVI 10900	DETETE	3.4. CITY- 4.1 DTLE	S1-7IP		Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4 3 STREET	ADDRESS		
CITY-ST-ZIP			4 4 CITY-S			
TITLE		DELETE	5 1 1 ITLE			Change Addition
NAME			5.2 NAME			-
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 Off Y=5	i		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP		and the second of the second o	6.4 CITY - S		<u> </u>	
14 Ido bereb	by certify that the information supplier	d with this filling closs not gual	lity for the eye	motion state	d in Section 119 07(3\(i). Florida Statutes	: I further certify that the

If 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 phyreceiver 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 what attachment with an address.