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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000006039

1. Corporation Name

SUN HARBOUR CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

801 LAUREL OAK DR
SUITE 710
NAPLES FL 34108
US

Mailing Address

801 LAUREL OAK DR
SUITE 710
NAPLES FL 34108
US



2. Principal Place of Business

21 **851 Collier Ct.**

2a. Mailing Address

26 **P.O. Box 1514**

3. Date Incorporated or Qualified

11/21/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3501808

Applied For

Not Applicable

City & State

23 **MARCO Island FL**

City & State

28 **MARCO Island FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 **34145** 25 **Collier**

Zip Country

29 **34146** 30 **Collier**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DR
SUITE 710
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name

Rick YACONO

82 Street Address (P.O. Box Number is Not Acceptable)

834 BALD EAGLE DR

83

84 City

MARCO Island

FL

85 Zip Code

34145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/25/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MOZAYENY, KOOROSH**
STREET ADDRESS **801 LAUREL OAK DR**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☒ DELETE
NAME **MOZAYENY, MOSTAFA**
STREET ADDRESS **801 LAUREL OAK DR**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ DELETE
NAME **SEWELL, GUY**
STREET ADDRESS **851 COLLIER COURT, #7**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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 **P**

DP.

SEWELL, GUY ☒ Change ☐ Addition

1.2 NAME

851 Collier Ct. #7

1.3 STREET ADDRESS

MARCO Island, FL 34145

1.4 CITY-ST-ZIP

2.1 TITLE **VP**

DVP

Hershberger Roy ☒ Change ☒ Addition

2.2 NAME

851 Collier Ct. #3

2.3 STREET ADDRESS

MARCO Island, FL 34145

2.4 CITY-ST-ZIP

3.1 TITLE **SH**

DST

Roger, Sandi ☒ Change ☒ Addition

3.2 NAME

851 Collier Ct. #5

3.3 STREET ADDRESS

MARCO Island, FL 34145

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SANDRA ROGER REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra S. Roger

389-5250
Daytime Phone #

CR2E037 (11/98)