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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N97000005501**

1. Corporation Name

SUNSCAPE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1639 E. CAPE CORAL PKWY. SUITE 103 CAPE CORAL FL 33904	1639 E. CAPE CORAL PKWY. SUITE 103 CAPE CORAL FL 33904

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/26/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number APPLIED FOR 65-0848094 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHERER, ELAINE C
1639 E. CAPE CORAL PKWY.
SUITE 103
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

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	DPST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHERER, ELAINE C		1.2 NAME	
STREET ADDRESS	1639 E. CAPE CORAL PKWY.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KNOLL, KARL		2.2 NAME	
STREET ADDRESS	PURNERSTRASSE 7, A-6060 HALL		2.3 STREET ADDRESS	
CITY-ST-ZIP	TIROL, AUSTRIA, EUROPE		2.4 CITY-ST-ZIP	
TITLE	DST	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PFUNER, HEINZ S		3.2 NAME	
STREET ADDRESS	1305 HOMESTEAD ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	Second V ☒ Change ☐ Addition
NAME	KRAUSE, PETER		4.2 NAME	Krause, Peter
STREET ADDRESS	1305 HOMESTEAD ROAD		4.3 STREET ADDRESS	Quegas 30-D, A-Mieders
CITY-ST-ZIP	LEHIGH ACRES FL 33936		4.4 CITY-ST-ZIP	Austria/Europe
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 1-27-99 941-549-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #