

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N24962** (5)

1. Corporation Name

**SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business

**22700 S TAMiami TRAIL  
ESTERO FL 33928  
US**

Mailing Address

**523 S EIGHTH ST  
MINNEAPOLIS MN 55404  
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

**P.O. Box 870**

27

Suite, Apt. #, etc.

27

City & State

28

**Estero, FL**

29

Zip

**33928**

Country

**US**

3. Date Incorporated or Qualified

**02/23/1988**

3a. Date of Last Report

**02/06/1995**

4. FEI Number

**41-1613208**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**DEBOEST, RICHARD D.  
1415 HENDRY ST.  
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name

**Christopher J. Shields**

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

**1833 Hendry Street**

83

84 City

**Fort Myers**

**FL**

85 Zip Code

**33902**

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)

**3/26/96**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **ENGELSMA, DANIEL W.**  
STREET ADDRESS **523 S. EIGHTH STREET**  
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **VD** ☐ DELETE  
NAME **DAHLBERG, BURTON, F.**  
STREET ADDRESS **523 S. EIGHTH STREET**  
CITY-ST-ZIP **MINNEAPOLIS MN**

TITLE **SD** ☐ DELETE  
NAME **SUNDIN, GORDON J**  
STREET ADDRESS **22700 S. TAMiami TRAIL**  
CITY-ST-ZIP **ESTERO FL**

TITLE **VD** ☐ DELETE  
NAME **WILLOUGHBY, CHARLES**  
STREET ADDRESS **22679 ISLAND LKS DR**  
CITY-ST-ZIP **ESTERO FL**

TITLE **TD** ☐ DELETE  
NAME **ANDERS, JAMES**  
STREET ADDRESS **3891 MARY ANN WAY**  
CITY-ST-ZIP **ESTERO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition  
1.2 NAME **Pavich, Joe**  
1.3 STREET ADDRESS **22569 Island Lakes Drive**  
1.4 CITY-ST-ZIP **Estero FL 33928**

2.1 TITLE **VD** ☐ Change ☒ Addition  
2.2 NAME **Hoke, Carl**  
2.3 STREET ADDRESS **22625 Forest View Drive**  
2.4 CITY-ST-ZIP **Estero, FL 33928**

3.1 TITLE **TD** ☐ Change ☒ Addition  
3.2 NAME **Alice Walat**  
3.3 STREET ADDRESS **22643 Island Lakes Drive**  
3.4 CITY-ST-ZIP **Estero FL 33928**

4.1 TITLE **SD** ☐ Change ☒ Addition  
4.2 NAME **Fykes, Shirley**  
4.3 STREET ADDRESS **3880 Mary Ann Way**  
4.4 CITY-ST-ZIP **Estero FL 33928**

5.1 TITLE **PD** ☒ Change ☐ Addition  
5.2 NAME **Anders, James**  
5.3 STREET ADDRESS **3891 Mary Ann Way**  
5.4 CITY-ST-ZIP **Estero FL 33928**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**6000017916625**

**-04/26/96--01081--**

**\*\*\*\$1.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **James Anders**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-27-96 <941>267-8808**

CR2E037 (12/95)