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Feb 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 745371 (5)

1. Corporation Name

SUNWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4516-4520 SE 6TH PLACE  
STE 2D  
CAPE CORAL FL 33904  
US

Mailing Address

4516-4520 SE 6TH PLACE  
STE 2D  
CAPE CORAL FL 33904  
US

3. Date Incorporated or Qualified  
12/27/1978

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3093945

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

10. Name and Address of New Registered Agent

KONETZKA, HELEN  
4516 SE 6 PL  
STE 2C  
CAPE CORAL FL 33904

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

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 TV ☐ DELETE

NAME GIORDANO, ALBERT R.  
STREET ADDRESS 4516 SE 6TH PLACE 2-D  
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE D ☐ DELETE

NAME HALL, MILLIE  
STREET ADDRESS 4516 SE 6 PL #2C  
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE S ☐ DELETE

NAME QUELLETTE, DOROTHEA  
STREET ADDRESS 4520 SE 6TH PLACE 1-B  
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE D ☐ DELETE

NAME SOMMA, FRANK  
STREET ADDRESS 4516 SE 6TH PLACE 1-D  
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE PT ☐ DELETE

NAME KONETZKA, HELEN  
STREET ADDRESS 4516 SE 6TH PLACE 1-C  
CITY-ST-ZIP CAPE CORAL, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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:

Albert R. Giordano

2-16-97

941 549 3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078372

CR2E037 (9/96)