


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N24962** (5)

1. Corporation Name

**SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

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

**P.O. BOX 870
ESTERO FL 33928-0870
US**



| | | | | | | | |
|--------------------------------|------------------------|---|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/23/1988 | | 3a. Date of Last Report 04/26/1996 | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 41-1613208 | | Applied For | | Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY ST.
FT. MYERS FL 33902**

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|----------------------------|---|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PAVICH, JOE | 1.2 NAME | KENT, WILLIAM |
| STREET ADDRESS | 22569 ISLAND LAKES DR. | 1.3 STREET ADDRESS | 22575 ISLAND LAKES DR |
| CITY-ST-ZIP | ESTERO FL 33928 | 1.4 CITY-ST-ZIP | ESTERO, FL 33928 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAHLBERG, BURTON, F. | 2.2 NAME | ESPINET, KENRIC |
| STREET ADDRESS | 523 S. EIGHTH STREET | 2.3 STREET ADDRESS | 3900 MARY ANN WAY |
| CITY-ST-ZIP | MINNEAPOLIS MN | 2.4 CITY-ST-ZIP | ESTERO, FL 33928 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SUNDIN, GORDON J | 3.2 NAME | HANNY, GAYLE |
| STREET ADDRESS | 22700 S. TAMiami TRAIL | 3.3 STREET ADDRESS | 22620 FOREST VIEW DR |
| CITY-ST-ZIP | ESTERO FL | 3.4 CITY-ST-ZIP | ESTERO, FL 33928 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLOUGHBY, CHARLES | 4.2 NAME | KONDOGAN, NICK |
| STREET ADDRESS | 22679 ISLAND LKS DR | 4.3 STREET ADDRESS | 22582 ISLAND LAKES DR |
| CITY-ST-ZIP | ESTERO FL | 4.4 CITY-ST-ZIP | ESTERO, FL 33928 |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANDERS, JAMES | 5.2 NAME | PATTON, KEN |
| STREET ADDRESS | 3891 MARY ANN WAY | 5.3 STREET ADDRESS | 22581 ISLAND LAKES DR. |
| CITY-ST-ZIP | ESTERO FL 33928 | 5.4 CITY-ST-ZIP | ESTERO FL 33928 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOKE, CARL | 6.2 NAME | |
| STREET ADDRESS | 22625 FOREST VIEW DR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ESTERO FL 33928 | 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 or on an attachment with an address.

SIGNATURE: *KENRIC ESPINET*

3/17/97 TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0057081

CR2E037 (9/96)