


FILE NOW: FILING FEE IS \$61.25

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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745371 (5)
 1. Corporation Name
SUNWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4516-4520 SE 6TH PLACE STE 20 CAPE CORAL FL 33904 US	Mailing Address 4516-4520 SE 6TH PLACE STE 20 CAPE CORAL FL 33904 US
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3. Date Incorporated or Qualified 12/27/1978
4. FEI Number 59-3093945
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 D	<input type="checkbox"/> DELETE
NAME	GIORDANO, ALBERT R.
STREET ADDRESS	4516 SE 6TH PLACE 2-D
CITY-ST-ZIP	CAPE CORAL, FL 00000
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME	HALL, MILLIE
STREET ADDRESS	4516 SE 6 PL #2C
CITY-ST-ZIP	CAPE CORAL, FL 00000
TITLE D	<input type="checkbox"/> DELETE
NAME	SUELLETTE, DOROTHEA
STREET ADDRESS	4520 SE 6TH PLACE 1-B
CITY-ST-ZIP	CAPE CORAL, FL 00000
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME	SOMMA, FRANK
STREET ADDRESS	4516 SE 6TH PLACE 1-D
CITY-ST-ZIP	CAPE CORAL, FL 00000
TITLE D	<input type="checkbox"/> DELETE
NAME	KONETZKA, HELEN
STREET ADDRESS	4516 SE 6TH PLACE 1-C
CITY-ST-ZIP	CAPE CORAL, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Giordano Albert R
1.3 STREET ADDRESS	4516 SE 6th Place 2-D
1.4 CITY-ST-ZIP	Cape Coral FL 33904
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Suellette Dorothea
3.3 STREET ADDRESS	4520 SE 6th Place 1-B
3.4 CITY-ST-ZIP	Cape Coral FL 33904
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Konetzka Helen
5.3 STREET ADDRESS	4516 SE 6th Place 1-C
5.4 CITY-ST-ZIP	Cape Coral FL 33904
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **Albert R. Giordano** **2-11-98** **941 549 3778**

CP2E037 (10/97)