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Jul 08 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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
US



3. Date Incorporated or Qualified

02/23/1988

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME KENT, WILLIAM
STREET ADDRESS 22575 ISLAND LAKES DRIVE
CITY-ST-ZIP ESTERO FL

TITLE TD ☒ DELETE

NAME ESPINET, KENRIC
STREET ADDRESS 3900 MARY ANN WAY
CITY-ST-ZIP ESTERO FL

TITLE SD ☒ DELETE

NAME HANNY, GAYLE
STREET ADDRESS 22620 FOREST VIEW DR
CITY-ST-ZIP ESTERO FL

TITLE VD ☐ DELETE

NAME KONDOGAN, NICK
STREET ADDRESS 22582 ISLAND LAKES DR
CITY-ST-ZIP ESTERO FL

TITLE VD ☒ DELETE

NAME PATTON, KEN
STREET ADDRESS 22581 ISLAND LAKES DR
CITY-ST-ZIP ESTERO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME THEODORE SLECZKOWSKI
1.3 STREET ADDRESS 22576 ISLAND LAKES DR
1.4 CITY-ST-ZIP ESTERO, FL 33928

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME JIM ANDERS
2.3 STREET ADDRESS 3891 MARY ANN WAY
2.4 CITY-ST-ZIP ESTERO, FL 33928-2340

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME CHARLES WILLOUGHBY
3.3 STREET ADDRESS 22679 ISLAND LAKES DR
3.4 CITY-ST-ZIP ESTERO, FL 33928

4.1 TITLE PD ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME ALICE WALAT
5.3 STREET ADDRESS 22643 ISLAND LAKES DRIVE
5.4 CITY-ST-ZIP ESTERO FL 33928-2340

6.1 TITLE ☐ Change ☐ 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 [Signature] DATE 6-30-98 10:17:17 PM

CR2E037 (1097)