

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05799

**FILED  
Mar 30, 2020  
Secretary of State  
1309206517CC**

**Entity Name:** SUNSET COVE AT CHOKOLOSKEE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

STATE ROAD 29  
CHOKOLOSKEE, FL 34138

**Current Mailing Address:**

COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E.  
NAPLES, FL 34113 US

**FEI Number:** 65-0142134

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HART, STEPHEN P  
COLLIER FINANCIAL INC  
4985 TAMIAMI TRAIL E  
NAPLES, FL 34113 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name PRAUGHT, BRAD  
Address C/O COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

Title VPD  
Name WITTINE, JIM  
Address C/O COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

Title TD  
Name KASHUBA, JOSEPH  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E.  
City-State-Zip: NAPLES FL 34113

Title SD  
Name HILL, ANDY  
Address C/O COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL E.  
City-State-Zip: NAPLES FL 34113

Title ASST. SECRETARY, D  
Name STACKER, JACK  
Address C/O COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRAD PRAUGHT

**PRESIDENT**

**03/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date