

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90104 028 ***150.00

DOCUMENT # 205459

1. Entity Name
SUNWAY PROPERTIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**840 SYMPHONY ISLES BLVD.
APOLLO BEACH, FL 33572**

Mailing Address
**840 SYMPHONY ISLES BLVD
APOLLO BEACH, FL 33572**

40047773



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0808837

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~WAGNER, E. JOHN II
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236~~

*James E. Saunders Jr.
840 Symphony Isles Blvd.
Apollo Beach Fl 33572*

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME FAIST, SHIRLEY I
STREET ADDRESS 2 TAMiami TRAIL NORTH
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DPT
NAME SAUNDERS, JAMES E JR.
STREET ADDRESS 840 SYMPHONY ISLES BLVD.
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE DVS
NAME SAUNDERS, CINDY L
STREET ADDRESS 840 SYMPHONY ISLES BLVD.
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cindy L. Saunders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/07