

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712262 (5)
1. Corporation Name
SUNSET COVE IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address
9540 CYPRESS LAKE DRIVE 9540 CYPRESS LAKE DRIVE
FORT MYERS FL 33919 FORT MYERS FL 33919

3. Date Incorporated or Qualified 02/16/1967 3a. Date of Last Report 01/25/1995
4. FEI Number 59-1549156 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

DOUGLASS, PAUL R. DVM
9540 CYPRESS LAKE DRIVE
FT MYERS FL 33919

10. Name and Address of New Registered Agent

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	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEESE, BILLIE	1.2 NAME	ROBERT C. GOETHE
STREET ADDRESS	600 SUNNYSIDE CT	1.3 STREET ADDRESS	5848 SILVERY LANE
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEMER, GEORGE T.	2.2 NAME	JAY WESTENDORF
STREET ADDRESS	5651 EICHEN CIRCLE	2.3 STREET ADDRESS	5620 SONPEN COURT
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLASS, PAUL, DR.	3.2 NAME	
STREET ADDRESS	571 PECK AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIERTSEN, NINA V.	4.2 NAME	MONICA JONES
STREET ADDRESS	5682 EICHEN CIRCLE	4.3 STREET ADDRESS	5828 SILVERY LANE
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, DEROL	5.2 NAME	
STREET ADDRESS	5815 RIVERSIDE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANE, DOROTHY	6.2 NAME	
STREET ADDRESS	5853 RIVERSIDE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Paul R. Douglass, DVM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-96 9414814746

CR2E037 (12/95)