FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

712262

(5)

SUNSET COVE IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address								I TODICA TODES TITUTO CLOUD HADER BEITH HADA DEBAT BEDAT BABAT BEITH BYBAT BEITH BYBAT TABLE			
9540 CYPRESS LAKE DRIVE FORT MYERS FL 33919			9540 CYPRESS LAKE DRIVE FORT MYERS FL 33919-4942				i				
								3. Date Incorporated or Qualified 02/16/1967	3a. Da	te of Last F 01/29/18	Report 996
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For			pplied For
21			26					59-1549156			ot Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional leguired
City & State	e		City & State					6. Election Campaign Financing			
23		28	h—, '					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country			Zip Co			Country		8. This corporation has liability for intanglate tax under s. 199.032,			
24	25 29			30	30			Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registe	red Agent		81	Nan	30	10. Name and Address of New Ro	gistered A	gent	
001101	ACC DALL D. DIMA										
DOUGLASS, PAUL R. DVM 9540 CYPRESS LAKE DRIVE					82	2 Street Addre		ss (P.O. Box Number is Not Accepta	ole)		
+	RS FL 33919										
, , , , , , ,					84	City			·	les 7io	Code
						City			FL	85 Zip	Code
office or r	to the provisions of Sections 617.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ite of Florida	Such change was	autho	rized by	y the c	ed corpor corporation	ration submits this statement for the n's board of directors. I hereby acce	ourpose of ot the appo	changing i pintment as	its registered s registered
SIGNATURE				_							:
10	Signature, lyped or printed name of registered					ent signa	iture required	when reins(ating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	DC IN 10
12. TITLE	OFFICERS A	IND DIRECT	DELETE	-	13. 1.1 TITLE		Т.	ADDITIONS/CHANGES TO OFFI	DENS AND	Change	
NAME	GOETHE, ROBERT C.			ł	1.2 NAME		\ \				
STREET ADDRESS	5848 SILVERY LANE			ı	1.3 STREE	ADDRES	SS				
CITY-ST-ZIP	FORT MYERS FL				1.4 C/TY-5	ST-ZIP					
TITLE	VD	_	☐ DELETE	I	2.1 TITLE					☐ Change	☐ Addition
NAME	WESTENDORF, JAY			ı	2.2 NAME		ļ				
STREET ADDRESS	5820 SONNEN COURT				2.3 STREE		ss				
CITY-ST-ZIP TITLE	FT MYERS FL TD		DELETE	_	2. 4 City - 3.1 Title	ST-ZIP				Change	Addition
NAME	DOUGLASS, PAUL, DR.				3.2 NAME		l l				
STREET ADDRESS	571 PECK AVENUE				3.3 STREE	ADORES	ss				
CITY - ST - ZIP	FT. MYERS FL				3.4. CITY-	ST-ZIP					
TITLE	SD		DELETE		4.1 TITLE					Change	Addition
NAME	JONES, MONICA				4. 2 NAME		Ī				
STREET ADDRESS	5828 SILVERY LANE				43 STREE		SS				
CITY - ST - ZIP TITLE	FT MYERS FL PD		DELETE		4.4 CITY-1 5.1 TITLE	st-ZIP	-			Change	Addition
NAME	PAINTER, DEROL		_ been	- 1	5.2 NAME					Overige	
STREET ADDRESS	5815 RIVERSIDE LANE				5.3 STREE		ss				
CITY-ST-ZIP	FT MYERS FL				5.4 CITY -						_
TITLE	D		DELETE		6.1 TITLE					Change	Addition
NAME	VANE, DOROTHY				6.2 NAME						
STREET ADDRESS	5853 RIVERSIDE LANE				6.3 STREE	T ADDRE	SS				

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-97

Daytime Phone # 0055589

FILED

Jan 22 1997 8:00am

Secretary of State

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