

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 15 PM 3:15**

**DOCUMENT # 738875 (4)**  
1. Corporation Name  
**SUNSET SOUTH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1341 MIDDLE GULF DR. SANIBEL FL 33957-4618** **1341 MIDDLE GULF DR. SANIBEL FL 33957-4618**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/28/1977** 3a. Date of Last Report **06/03/1994**  
4. FEI Number **59-1444738** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
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 Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**SCHEIDIG, FRED A.**  
**1341 MIDDLE GULF DR. 10C**  
**SANIBEL FL 33957**

10. Name and Address of Now 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 607.0502 and 607.1508, 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

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>SCHEIDIG, FRED A.</b>
STREET ADDRESS	<b>1341 MIDDLE GULF DR. 10C</b>
CITY-ST-ZIP	<b>SANIBEL FL</b>
TITLE	<b>D</b>
NAME	<b>FARRELL, PAUL</b>
STREET ADDRESS	<b>1341 MIDDLE GULF DR. 12A</b>
CITY-ST-ZIP	<b>SANIBEL FL</b>
TITLE	<b>PD</b>
NAME	<b>GRIDLEY, JOHN</b>
STREET ADDRESS	<b>1341 MIDDLE GULF DR. 14B</b>
CITY-ST-ZIP	<b>SANIBEL FL</b>
TITLE	<b>D</b>
NAME	<b>BROWN, MARIANNA</b>
STREET ADDRESS	<b>1341 MIDDLE GULF DR. 15A</b>
CITY-ST-ZIP	<b>SANIBEL FL</b>
TITLE	<b>SD</b>
NAME	<b>DEFABIO, EDWARD</b>
STREET ADDRESS	<b>1341 MIDDLE GULF DR. 14A</b>
CITY-ST-ZIP	<b>SANIBEL FL</b>
TITLE	<b>D</b>
NAME	<b>KRAKOWSKI, JAMES</b>
STREET ADDRESS	<b>1340 MIDDLE GULF DR. 8A</b>
CITY-ST-ZIP	<b>SANIBEL FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D RICHARD EHRET</b>
1.3 STREET ADDRESS	<b>1341 Middle Gulf Dr. 6D</b>
1.4 CITY-ST-ZIP	<b>SANIBEL, FL 33957</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John H. Gridley, Esq. **1/14/95** **83-472-205**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**JOHN H. GRIDLEY** This (Signature Page 2)