

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

19963-596

B-1894-C

DOCUMENT # **738875** (4)

1. Corporation Name

**SUNSET SOUTH CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **04/28/1977**  
3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

4. FEI Number: **59-1444738**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

10. Name and Address of New Registered Agent  
81. Name: **DAVID A OWENS**  
82. Street Address (P.O. Box Number is Not Acceptable): **ZONA C/O ISLAND FINANCIAL**  
83. **2440 PALM RIDGE RO**  
84. City: **SANIBEL** FL 85. Zip Code: **33957**

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]* DATE: **3/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD SCHEIDIG, FRED A. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEIDIG, FRED A.	1.2 NAME	
STREET ADDRESS	1341 MIDDLE GULF DR. 10C	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	
TITLE	D FARRELL, PAUL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, PAUL	2.2 NAME	
STREET ADDRESS	1341 MIDDLE GULF DR. 12A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	
TITLE	PD GRIDLEY, JOHN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIDLEY, JOHN	3.2 NAME	
STREET ADDRESS	1341 MIDDLE GULF DR. 14B	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP	
TITLE	D BROWN, MARIANNA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARIANNA	4.2 NAME	
STREET ADDRESS	1341 MIDDLE GULF DR. 15A	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	4.4 CITY-ST-ZIP	
TITLE	SD DEFABIO, EDWARD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFABIO, EDWARD	5.2 NAME	
STREET ADDRESS	1341 MIDDLE GULF DR. 14A	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	5.4 CITY-ST-ZIP	
TITLE	D KRAKOWSKI, JAMES <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAKOWSKI, JAMES	6.2 NAME	
STREET ADDRESS	1340 MIDDLE GULF DR. 8A	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL 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: *[Signature]* DATE: **1/19/96** Daytime Phone #: **941-472-4267**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **TREASURER**

CR2E037 (12/95)