

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 738875**  
 1. Entity Name  
**SUNSET SOUTH CONDOMINIUM ASSOCIATION, INC.**



FILED  
 07 MAR 19 PM 12: 15  
 ALBANY STATE  
 ALBANY, FLORIDA

Principal Place of Business  
 1341 MIDDLE GULF DR.  
 SANIBEL, FL 33957-4618

Mailing Address  
 1341 MIDDLE GULF DR.  
 SANIBEL, FL 33957-4618

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



4. FEI Number  
**59-1444738**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 DBA **MIKE MILLER, ASST TREASURER**  
**TUSCAN STROEMER**  
~~C/O ISLAND FINANCIAL~~  
 8961 CONFERENCE DR STE 2  
 FORT MYERS, FL 33919

**7. Name and Address of New Registered Agent**  
 Name **Stroemer Tuscan & Company, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1640 Periwinkle Way**  
**Ste. 4**  
 City **Sanibel** FL Zip Code **33957**

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 **Michael Miller, Asst. Treasurer 8/29/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDRICKSON, RODNEY 1341 MIDDLE GULF DR 11-D SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>President</del> OLSON, JIM 1341 MIDDLE GULF DRIVE #4-C SANIBEL, FL 33957 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>RAULON, RICHARD</del> <b>HALLERAN, NEAL</b> <input checked="" type="checkbox"/> Delete <b>CHANGE</b> 1341 MIDDLE GULF DRIVE <del>4B</del> <b>3D</b> SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Vice President</del> BROWN, ELMER 1340 MIDDLE GULF DR 6-D SANIBEL, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, HELEN 1341 MIDDLE GULF DR 3-B SANIBEL, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MILLER, MICHAEL 8961 CONFERENCE DR STE 2 FORT MYERS, FL 33919 <input type="checkbox"/> Delete <b>8/3/22</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert Bannister 1341 Middle Gulf Dr., 9C Sanibel, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carl Podlasek 1341 Middle Gulf Dr., 1B Sanibel, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George Clark 1341 Middle Gulf Dr., 2A Sanibel, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mane Byrne 1341 Middle Gulf Dr., 2B Sanibel, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Brown, Elmer 1340 Middle Gulf Dr. 6D Sanibel, FL 33957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Olson, Jim 1341 Middle Gulf Drive 4C Sanibel, FL 33957 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: **Michael Miller, Asst. Treasurer 8/29/06**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #