

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 742159

1. Entity Name
SUNSET CAPTIVA HOMEOWNERS ASSOCIATION, INC.



FILED

07 SEP 20 AM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P O BOX 194
ATTN: ASSN. MGMT.
CAPTIVA ISLAND, FL 33924 US

Mailing Address
P O BOX 194
ATTN: ASSN. MGMT.
CAPTIVA ISLAND, FL 33924 US



2. Principal Place of Business - No P.O. Box #
14970 Captiva Dr
Suite, Apt. #, etc.

3. Mailing Address
Po Box 189
Suite, Apt. #, etc.

08152007 Chg-NP CR2E037 (12/06)

City & State
CAPTIVA ISLAND, FL

City & State
CAPTIVA ISLAND

4. FEI Number
59-2055236

Applied For
Not Applicable

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

Zip Country
33924 US

Zip Country
FL US

6. Name and Address of Current Registered Agent
SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND, FL 33924

7. Name and Address of New Registered Agent
Name
Royal Shell Property Management
Street Address (P.O. Box Number is Not Acceptable)
1200 Periwinkle Way Ste #3
City
Sanibel Island 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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADLER, ROBERT 3745 MCKINLEY STREET NW WASHINGTON, DC 20015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500109961275 09/26/07--01038--005 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KRAMER, RON 42 ELGIN AVE TORONTO, ONTARIO, CANADA MSR. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FENNIMAN, BILL Fenniman, Bill 16 HARCOURT ST BOSTON, MA 02116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D. Fenniman Bill 16 Harcourt St Boston, Ma 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEGMANN, RICHARD 12910 TAUTON COURT TOWN & COUNTRY, MO 63131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VINSON, BOB 112 84TH ST., UNIT B VIRGINIA BEACH, VA 23451 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VO REISS GINNY 25181 Village Cir Golden, Co 80401

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: Richard N. Stegmann President Sunset Homeowners Assn, 239-472-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #