

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

08-29-2005 90143 027 \*\*\*\*61.25

**DOCUMENT # 744372**

1. Entity Name  
**SUNDIAL EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1401 MIDDLE GULF DR.  
SANIBEL, FL 33957 US**

Mailing Address  
**1401 MIDDLE GULF DR.  
SANIBEL, FL 33957 US**

**50063724**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1976653**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HULDRUM, KATHLEEN M  
1401 MIDDLE GULF DRIVE  
SANIBEL, FL 33957**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

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 VPD ☐ Delete  
NAME KING, JAMES  
STREET ADDRESS 24 CEDAR PLACE  
CITY-ST-ZIP GARDEN CITY, NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME CARMINE, RENDE  
STREET ADDRESS 1401 MIDDLE GULF DRIVE, #5403  
CITY-ST-ZIP SANIBEL, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME CONLEY, THOMAS  
STREET ADDRESS 1739 MILLSTREAM  
CITY-ST-ZIP BALLWIN, MO

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME BAHN, MARY  
STREET ADDRESS 5075 JOEWOOD DR.  
CITY-ST-ZIP SANIBEL, FL 339578

TITLE TD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME RICHARD L MCCANDLESS  
STREET ADDRESS 1677 TREASURE LAKE  
CITY-ST-ZIP DU BOIS, PA 15801

TITLE SD ☒ Change ☐ Addition  
NAME Jack Campbell  
STREET ADDRESS 1401 Middle Gulf Dr. - #9406  
CITY-ST-ZIP Sanibel, FL 33957

TITLE AST ☐ Delete  
NAME HULDRUM, KATHLEEN  
STREET ADDRESS 16090 BENTWOOD PALMO DR.  
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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: Kathleen M Huldrum KATHLEEN M. HULDRUM 8/23/05 239 472-0062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #