

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90280 020 ****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**

60027607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006 Chg-NP CR2E037 (11/05)

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 May 1, 2006**

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
**VPD
KING, JAMES
24 CEDAR PLACE
GARDEN CITY, NY** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☒ Addition
11530 (Zip)

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☒ Addition
**# 5-403
33957 (Zip)**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☒ Addition
63017 (Zip)

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
BAHN, MARY
5075 JOEWOOD DR.
SANIBEL, FL 33957** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
CAMPBELL, JACK
1401 MIDDLE GULF DR, Q 406
SANIBEL, FL 33957** ☐ Delete

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

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

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

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:

Kathleen Huldrum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06
Date

239 472-0062
Daytime Phone #