

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **745371** (5)  
1. Corporation Name  
**SUNWOOD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **4516-4520 SE 6TH PLACE STE 2D CAPE CORAL FL 33904 US**  
Mailing Address: **4516-4520 SE 6TH PLACE STE 2D CAPE CORAL FL 33904 US**

3. Date Incorporated or Qualified: **12/27/1978**  
3a. Date of Last Report: **03/03/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>59-3093945</b>	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>KONETZKA, HELEN</b> <b>4516 SE 6 PL</b> <b>STE 2C</b> <b>CAPE CORAL FL 33904</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		FL	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIORDANO, ALBERT R.</b>	1.2 NAME	
STREET ADDRESS	<b>4516 SE 6TH PLACE 2-D</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, MILLIE</b>	2.2 NAME	
STREET ADDRESS	<b>4516 SE 6 PL #2C</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUELLETTE, DOROTHEA</b>	3.2 NAME	
STREET ADDRESS	<b>4520 SE 6TH PLACE 1-B</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOMMA, FRANK</b>	4.2 NAME	
STREET ADDRESS	<b>4518 SE 6TH PLACE 1-D</b>	4.3 STREET ADDRESS	

TITLE	<b>PT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KONETZKA, HELEN</b>	5.2 NAME	
STREET ADDRESS	<b>4516 SE 6TH PLACE 1-C</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Albert R. Giordano Date: 2-1-96 Daytime Phone #: 941-549-3778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)