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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/27/1978	3a. Date of Last Report 02/02/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	Country 30

4. FEI Number 59-3093945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**KONETZKA, HELEN
4516 SE 6 PL
STE 2C
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TV	<input type="checkbox"/> DELETE
NAME	GIORDANO, ALBERT R.	
STREET ADDRESS	4516 SE 6TH PLACE 2-D	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, MILLIE	
STREET ADDRESS	4516 SE 6 PL #2C	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUELETTE, DOROTHEA	
STREET ADDRESS	4520 SE 6TH PLACE 1-B	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOMMA, FRANK	
STREET ADDRESS	4516 SE 6TH PLACE 1-D	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	KONETZKA, HELEN	
STREET ADDRESS	4516 SE 6TH PLACE 1-C	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 **2-16-97** **941 549 3770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078372

CR2E037 (9/96)