


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Worthington Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745371 (5)**

1. Corporation Name  
**SUNWOOD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4516-4520 SE 6TH PLACE STE 2D CAPE CORAL FL 33904 US</b>	Mailing Address <b>4516-4520 SE 6TH PLACE STE 2D CAPE CORAL FL 33904 US</b>
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3. Date Incorporated or Qualified  
**12/27/1978**

4. FEI Number  
**59-3093945**

Applied For	
Not Applicable	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  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	<b>FL</b>
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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIORDANO, ALBERT R.</b>	1.2 NAME	<b>Giordano Albert R</b>
STREET ADDRESS	<b>4516 SE 6TH PLACE 2-D</b>	1.3 STREET ADDRESS	<b>4516 SE 6th Place 2-D</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Cape Coral FL 33904</b>
TITLE <b>V</b>	<input checked="" 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 <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUELLETTE, DOROTHEA</b>	3.2 NAME	<b>Quellette Dorothea</b>
STREET ADDRESS	<b>4520 SE 6TH PLACE 1-B</b>	3.3 STREET ADDRESS	<b>4520 SE 6th Place 1-B</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>	3.4 CITY-ST-ZIP	<b>Cape Coral FL 33904</b>
TITLE <b>D</b>	<input checked="" 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>4516 SE 6TH PLACE 1-D</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE <b>PT</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KONETZKA, HELEN</b>	5.2 NAME	<b>Konetzka Helen</b>
STREET ADDRESS	<b>4516 SE 6TH PLACE 1-C</b>	5.3 STREET ADDRESS	<b>4516 SE 6th Place 1-C</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>	5.4 CITY-ST-ZIP	<b>Cape Coral FL 33904</b>
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 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 **2-11-98** **941 549 3778**

CP2E037 (10/97)