


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 745371 1. Entity Name SUNWOOD CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4516-4520 SE 6TH PLACE STE 2C CAPE CORAL FL 33904 US	Mailing Address 4516-4520 SE 6TH PLACE STE 2C CAPE CORAL FL 33904 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3093945	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOWARD SOMMA
4516 S.E. 6TH PLACE
STE 1D
CAPE CORAL FL 33904**

7. Name and Address of New Registered Agent

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: *Howard M. Somma* 1-24-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCREAVY, CHARLES <input type="checkbox"/> Delete 4516 SE 6TH PL SUITE 2C CAPE CORAL FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCCREARY, DIANE <input type="checkbox"/> Delete 4516 SE 6TH PL. SUITE 2C CAPE CORAL FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOMMA, HOWARD <input type="checkbox"/> Delete 4516 SE 6TH PL SUITE 1D CAPE CORAL FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSEY, JACK <input type="checkbox"/> Delete 4516 SE 6TH PL, SUITE 2D CAPE CORAL FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEHMEYER, DOUGLAS <input type="checkbox"/> Delete 4516 SE 6TH PL, SUITE 1C CAPE CORAL FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add U00000403349 02/06/06-80027-023 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Howard M. Somma* Howard M. Somma 1-24-06 239 540-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR