

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90095 028 ****61.25

DOCUMENT # 748102

1. Entity Name
SUN CASTLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2517 SANTA BARBARA BLVD
#11
CAPE CORAL, FL 33914 US**

Mailing Address
**% PROFESSIONALLY YOURS, INC.
P O BOX 100831
CAPE CORAL, FL 33910 US**



2. Principal Place of Business - No P.O. Box #
906 SE 46 Street

3. Mailing Address

02142007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral FL

City & State

4. FEI Number
65-0188871

Applied For
Not Applicable

Zip
33904

Country
USA

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

**TEAGUE, GEORGE
% PROFESSIONALLY YOURS, INC.
8270 COLLEGE PKWY #103
FORT MYERS, FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

2503 Del Prado blva #11

City
Cape Coral

FL

Zip Code
33904

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, 2007**

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
**PD
SANTANA, RAPHAEL
14027 CLYDESDALE RUN LANE
VICTORVILLE, CA 92394** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PHANEUF, MARYJEAN
906 SE 46 ST., #101
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
RUDOW, SARA
906 SE 46TH STREET # 203
CAPE CORAL, FL 33904** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

George Teague

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 760-285-9060

Date

Daytime Phone #