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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749376** (0)

1. Corporation Name

SUNRISE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% PROFESSIONALLY YOURS, INC.
PO BOX 831
CAPE CORAL FL 33910

% PROFESSIONALLY YOURS, INC.
PO BOX 831
CAPE CORAL FL 33910

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/17/1979

4. FEI Number

59-2034484

Applied For

Not Applicable

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

OLSON, BARBARA
C/O PROFESSIONALLY YOURS, INC.
1342 SE 48TH LANE #3
CAPE CORAL FL 33910

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KISER, JAMES	
STREET ADDRESS	4829 SE 5TH AVE., SUITE 102	
CITY-ST-ZIP	CAPE CORAL, FL 00000	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEYERS, BARBARA	
STREET ADDRESS	4829 SE 5TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, JOSEPH	
STREET ADDRESS	4829 SE 6TH AVE., #104	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HABERSON, RAYMOND	
STREET ADDRESS	4831 SE 5TH AVE., SUITE 108	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WIEHN, ELIZABETH	
STREET ADDRESS	4829 SE 5TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HUHNDOFF, MARY KAY	
1.3 STREET ADDRESS	4631 SE 5 AVE, #207	
1.4 CITY-ST-ZIP	Cape Coral FL 33904	

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TURILLO, SAMUEL	
3.3 STREET ADDRESS	4629 SE 5 AVE, #101	
3.4 CITY-ST-ZIP	Cape Coral FL 33904	

4.1 TITLE	VPD	<input checked="" 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 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:

Barbara R. Meyers

3-17-98

542-2846

CP2E037 (10/97)