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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
• **Sar. fra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **750391** (5)
1. Corporation Name
SUNSET BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **187 FOREST LAKES BLVD. NAPLES FL 33942**
Mailing Address: **187 FOREST LAKES BLVD. NAPLES FL 34105-5542**

3. Date Incorporated or Qualified: **12/28/1979**
3a. Date of Last Report: **04/22/1996**

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

4. FEI Number: **59-2514054**
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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GRACEY, ROBERT
117 FOREST LAKES BLVD.
NAPLES FL 33942

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KRUEMMEL, PETER
STREET ADDRESS	HAINBUCHENWEG 23
CITY-ST-ZIP	STUTTGART GE
TITLE	PD <input type="checkbox"/> DELETE
NAME	SALTERS, LAWRENCE
STREET ADDRESS	260 FRANKLIN ST. #6
CITY-ST-ZIP	BRAINTREE MA
TITLE	ASM <input type="checkbox"/> DELETE
NAME	GRACEY, ROBERT
STREET ADDRESS	187 FOREST LAKES BLVD.
CITY-ST-ZIP	NAPLES FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	SCHWEINBACH, LOTHER
STREET ADDRESS	9486 GULF SHORE DRIVE A101
CITY-ST-ZIP	NAPLES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	OSTAPCHUK, WALTER
STREET ADDRESS	251 QUEENS QUAY W. PH 1
CITY-ST-ZIP	TORONTO, ONT.
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	HERBOTH, LEE
STREET ADDRESS	9485 GULFSHORE DRIVE B401
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	2nd VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kacek, Don
1.3 STREET ADDRESS	8530 Captain Court
1.4 CITY-ST-ZIP	Indianapolis, IN 46236
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Salter, Larry
2.3 STREET ADDRESS	260 Franklin St. #6
2.4 CITY-ST-ZIP	Braintree, MA 02364
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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ostapchuk, Walter
5.3 STREET ADDRESS	251 Queens Quay W. Ph 1
5.4 CITY-ST-ZIP	Toronto, Ontario
6.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Shapleigh, Gabrielle
6.3 STREET ADDRESS	P.O. Box 43225
6.4 CITY-ST-ZIP	Cincinnati, OH 25243

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.

CFR2037 (9/96)