

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90022 013 \*\*\*\*61.25

**DOCUMENT # 750391**

1. Entity Name

SUNSET BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

9362 GULF SHORE DR  
202  
NAPLES FL 34108  
US

Mailing Address

9362 GULF SHORE DR  
202  
NAPLES FL 34108  
US

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 (10/04)

4. FEI Number

59-2514054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FALK, STEVEN  
850 PARK SHORE DR  
NAPLES FL 34103

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

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, 2005**

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	D	<input type="checkbox"/> Delete
NAME	KACEK, DON	
STREET ADDRESS	8530 CAPTAIN CT	
CITY-STATE-ZIP	INDIANAPOLIS IN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALTER, LARRY	
STREET ADDRESS	P O BOX 96	
CITY-STATE-ZIP	KINGSTON MA 02364	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWEINBACH, LOTHAR	
STREET ADDRESS	9486 GULF SHORE DR. UNIT 101	
CITY-STATE-ZIP	NAPLES FL 34108	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAMMEL, JOHN	
STREET ADDRESS	9486 GULF SHORE DR. UNIT 301	
CITY-STATE-ZIP	NAPLES FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OSTAPCHUK, WALTER	
STREET ADDRESS	251 QUEENS QUAY W. PH 1	
CITY-STATE-ZIP	TORONTO, ONT.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	115 LOOMIS LN	
STREET ADDRESS	CENTERVILLE, MA 02632	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL MENNIE	
STREET ADDRESS	R.R.#1 BOX 131	
CITY-STATE-ZIP	GRANVILLE, IL. 61326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. 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 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:** *Don J Kacek* **DON J KACEK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**28 MAR '05**

Date

Daytime Phone #