

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # 753184

1. Entity Name
SUNNY TRAIL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**187 FOREST LAKES DR.
NAPLES, FL 34105 US**

Mailing Address

**187 FOREST LAKES DR.
NAPLES, FL 34105 US**



04152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2354639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRACEY, ROBERT T
187 FOREST LAKES DR.
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME IRVINE, EUGENE
STREET ADDRESS 3460 BALLYRIDGE CIRCLE #102
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D
NAME IRVINE, MAY
STREET ADDRESS 3460 BELLYBRIDGE CIRCLE #102
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D
NAME POPPLEWELL, ELISABETH
STREET ADDRESS 828 WIGGINS PASS ROAD #11A
CITY-ST-ZIP NAPLES, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/14/08-80028-002 61.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08