

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753184

FILED
Apr 02, 2009
Secretary of State

Entity Name: SUNNY TRAIL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

187 FOREST LAKES DR.
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

187 FOREST LAKES DR.
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-2354639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: ROBERT T. GRACEY, SR.

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IRVINE, EUGENE
Address: 3460 BALLYRIDGE CIRCLE #102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: IRVINE, MAY
Address: 3460 BALLYBRIDGE CIRCLE #102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: POPPLEWELL, ELISABETH
Address: 828 WIGGINS PASS ROAD #11A
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: LAMBRECHT, ALBERT
Address: 828 WIGGINS PASS ROAD #5A
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE IRVINE

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date