


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

**CORPORATION**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -8 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 753184

1. Corporation Name  
SUNNY TRAIL CONDOMINIUM ASSOCIATION, INC

2. Principal Office Address  
187 FOREST LAKES BL.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip Country

34105 USA

3. Mailing Office Address

187 FOREST LAKES BL.

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip Country

34105 USA

4. Date Incorporated or Qualified To Do Business in Florida 5-29-96

5. FEI Number 59-2354639 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ROBERT T. GRACEY

Street Address (P.O. Box Number is Not Acceptable) 187 FOREST LAKES BLVD.

Suite, Apt. #, Etc.

City NAPLES

400018475204

05/08/03--01014--014 \*\*122 50

State Zip Code FL 34105

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	IRVINE, EUGENE	3460 BALLYBRIDGE CIR. #102	BONITA SPRINGS, FL 34134
D	IRVINE, MAY	3460 BALLYBRIDGE CIR. #102	BONITA SPRINGS, FL 34134
D	POPPLEWELL, ELISABETH	808 WIGGINS PASS RD. #11A	NAPLES, FL 34110

02-03 UBR TS

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Eugene IRVINE

4/21/03 239-992-2679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

*Page 202*

SUNNY TRAIL CONDOMINIUM, INC.  
187 FOREST LAKES BOULEVARD  
NAPLES, FL 34105  
239-649-5667  
239-649-5667 (FAX)

April 22, 2003

Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314

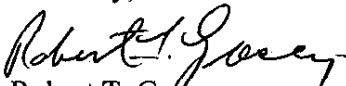
Re: Sunny Trail Condominium Association, Inc. - Document #N753184

Gentlemen:

We apologize for the lateness of this remittance. We have never received the UBR Form for the last two years. We are enclosing Application for Reinstatement and our Check No. 1211 for payment for 2002 and 2003.

Thank you for your consideration in this matter.

Sincerely,



Robert T. Gracey  
Association Manager

Enclosure (2)