


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 755459
 1. Entity Name ~~_____~~
SUNWARD CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business Mailing Address
SUNWARD CONDO ASSN **SUNWARD CONDO ASSN**
4420 SANTA BARBARA BLVD #106 **4420 SANTA BARBARA BLVD #106**
CAPE CORAL FL 33914 **CAPE CORAL FL 33914**

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 (10/05)
 4. FEI Number Applied For / Not Applied
59-2068173

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOMBARDI, JOHN
4420 SANTA BARBARA BLVD #106
CAPE CORAL FL 33914

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 consisting) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	LOMBARDI, JOHN	
STREET ADDRESS	4420 SANTA BARBARA BLVD #106	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEHNE, THOMAS	
STREET ADDRESS	4426 SANTA BARBARA BLVD, #101	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	BD	<input type="checkbox"/> Delete
NAME	BEA, LEHNE	
STREET ADDRESS	4426 SANTA BARBARA BLVD #101	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	BD	<input type="checkbox"/> Delete
NAME	ANTIC, DOMICK	
STREET ADDRESS	4420 SANTA BARBARA BLVD #106	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOMBARDI, PAT	
STREET ADDRESS	4420 SANTA BARBARA BLVD, #106	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1100000438277
 02/28/06-80082-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

[Handwritten signatures and dates]