


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-12-2007 90111 042 \*\*\*\*\*8.75  
755459

<b>DOCUMENT # 755459</b> 1. Entity Name <b>SUNWARD CONDOMINIUM ASSOCIATION, INC.</b>	
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FILED  
07 MAR 27 PM 12:14

Principal Place of Business <b>SUNWARD CONDO ASSN 4420 SANTA BARBARA BLVD #106 CAPE CORAL FL 33914</b>	Mailing Address <b>SUNWARD CONDO ASSN 4420 SANTA BARBARA BLVD #106 CAPE CORAL FL 33914</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>59-2068173</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LOMBARDI, JOHN 4420 SANTA BARBARA BLVD #106 CAPE CORAL FL 33914</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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.

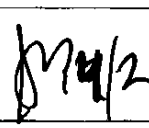
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete <b>LOMBARDI, JOHN</b> STREET ADDRESS: <b>4420 SANTA BARBARA BLVD #106</b> CITY- ST- ZIP: <b>CAPE CORAL FL 33914</b>
TITLE	D <input type="checkbox"/> Delete <b>LEHNE, THOMAS</b> STREET ADDRESS: <b>4426 SANTA BARBARA BLVD, #101</b> CITY- ST- ZIP: <b>CAPE CORAL FL 33914</b>
TITLE	BD <input type="checkbox"/> Delete <b>BEA, LEHNE</b> STREET ADDRESS: <b>4426 SANTA BARBARA BLVD #101</b> CITY- ST- ZIP: <b>CAPE CORAL FL 33914</b>
TITLE	BD <input type="checkbox"/> Delete <b>ANTIC, DOMICK</b> STREET ADDRESS: <b>4420 SANTA BARBARA BLVD #106</b> CITY- ST- ZIP: <b>CAPE CORAL FL 33914</b>
TITLE	ST <input type="checkbox"/> Delete <b>LOMBARDI, PAT</b> STREET ADDRESS: <b>420 SANTA BARBARA BLVD, #106</b> CITY- ST- ZIP: <b>CAPE CORAL FL 33914</b>
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100095998861</b> <b>04/08/07--01039--020 ***52.50</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *John Lombardi* 1-30-07 239-851-1165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #