

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755459

FILED
Jan 04, 2011
Secretary of State

Entity Name: SUNWARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SUNWARD CONDO ASSN
4426 SANTA BARBARA BLVD #101
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

SUNWARD CONDO ASSN
4426 SANTA BARBARA BLVD #101
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 59-2068173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHNE, THOMAS
4426 SANTA BARBARA BLVD #101
101
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: LEHNE, THOMAS
Address: 4426SANTA BARBARA BLVD #101
City-St-Zip: CAPE CORAL, FL 33914 US

Title: SEC
Name: LEHNE, THOMAS
Address: 4426 SANTA BARBARA BLVD, #101
City-St-Zip: CAPE CORAL, FL 33914 US

Title: BD
Name: LEHNE, BEATRICE
Address: 4426 SANTA BARBARA BLVD #101
City-St-Zip: CAPE CORAL, FL 33914 US

Title: BD
Name: ANTICO, DOMI NICO
Address: 4420 SANTA BARBARA BLVE 206
City-St-Zip: CAPE CORAL, FL 33914 US

Title: BD
Name: LOMBARDI, PATRICIA
Address: 4420 SANTA BARBARA BLVD #106
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS LEHNE

PRES

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date