FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **760584** **(3)**

1. Corporation Name

SUNNY TRAIL II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ELIZABETH G. POPPLEWELL 828 WIGGINS PASS ROAD NAPLES FL 33963-1004	C/O ELIZABETH G. POPPLEWELL 828 WIGGINS PASS ROAD NAPLES FL 33963-1004

3. Date Incorporated or Qualified: **11/04/1981**

3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21:

Suite, Apt. #, etc.
22:

City & State
23:

Zip 24: Country 25:

2a. Mailing Address
26: 273 Airport Road S.

Suite, Apt. #, etc.
27:

City & State
28: Naples, FL 33942

Zip 29: 33942 Country 30: Collier

4. FEI Number: **59-2354639** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, HENRY P. 800 SEAGAGE DRIVE, #204 NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☒ DELETE	1.1 TITLE	DST	☐ Change ☒ Addition
NAME	POPPLEWELL, ELIZABETH G		1.2 NAME	Cindia, John	
STREET ADDRESS	828 WIGGINS PASS		1.3 STREET ADDRESS	P.O. Box 593	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Canal Fulton, OH 44614	
TITLE	D	☐ DELETE	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	HERMAN, WILBUR		2.2 NAME	Herman, Wilbur	
STREET ADDRESS	828 WIGGINS PASS RD 15		2.3 STREET ADDRESS	828 wiggins Pass Rd #15	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	DVS	☐ DELETE	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	IRVINE, EUGENE		3.2 NAME	Irvine, Eugene	
STREET ADDRESS	20621 COCONUT DR		3.3 STREET ADDRESS	20621 Coconut Dr	
CITY-ST-ZIP	ESTERO FL		3.4 CITY-ST-ZIP	Estero, FL 33928	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/5/96 (941) 992-2679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #