FILE NOW: FILING FEE IS $61.25

FILED
Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	273 AIRPORT ROAD SOUTH 828 WIGGINS PASS ROAD NAPLES FL 34110-6107 US

3. Date Incorporated or Qualified: 11/04/1981
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business
21 830 WIGGINS PASS RD.
Suite, Apt. #, etc
22
City & State
23 NAPLES, FL
Zip 24 34110 Country 25 COLLIER

2a. Mailing Address
26 GREEN PROPERTY MANAGEMENT
Suite, Apt. #, etc.
27 273 Airport Road S.
City & State
28 NAPLES, FLORIDA
Zip 29 34104 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

JOHNSON, HENRY P.
800 SEAGAGE DRIVE, #204
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CINDIA, JOHN P.O. BOX 593 CANAL FULTON OH	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DS STRASSER, ELANORE 395 OAK AVENUE NAPLES, FL 34108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HERMAN, WILBUR 828 WIGGINS PASS ROAD #15 NAPLES FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP IRVINE, EUGENE 20621 COCONUT DRIVE ESTERO FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/P/T IRVINE, EUGENE 20621 COCONUT DRIVE ESTERO, FL 33928	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] REQUIRED 1-27-97 (941)649-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #