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FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
830 Wiggins Pass Rd. Naples, FL 34110	273 Airport Road South Naples, FL 34104

3. Date Incorporated or Qualified: 11/04/1991

4. FEI Number (Please correct) 65-0571737 — ☐ 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

7. Is this nonprofit corporation a homeowners association? a Condominium Assoc ☒ Yes ☐ No
non-profit

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 830 Wiggins Pass Road	26 273 Airport Rd. South
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 34110 / Country 25 Collier	Zip 29 34104 / Country 30 Collier

9. Name and Address of Current Registered Agent

Johnson, Henry P.
800 Seagage Drive #204
Naples, FL 34103

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	DPT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	Irvine, Eugene		1.2 NAME		
STREET ADDRESS	20621 Coconut Drive		1.3 STREET ADDRESS	3460 Bellybridge Circle #102	
CITY-ST-ZIP	~~Estero, FL 33928~~		1.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	Strasser, Elanore		3.2 NAME	Dieter Gruetzner	
STREET ADDRESS	395 Oak Avenue		3.3 STREET ADDRESS	830 Wiggins Pass Road #12B	
CITY-ST-ZIP	Naples, FL 34108		3.4 CITY-ST-ZIP	Naples, FL 34110	
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Herman, Wilbur		4.2 NAME		
STREET ADDRESS	830 Wiggins Pass Rd #15		4.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 34110		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	100002443431	
STREET ADDRESS			6.3 STREET ADDRESS	-03/02/98--01008--012	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

PE 2.27

CR2E037 (10/97)

14. I 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: _____ 2/11/98 (941)649-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #