

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90298 023 ****61.25

DOCUMENT # 763527
 1. Entity Name
SUNSHINE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 3901 SE 11TH PL #201 3901 SE 11TH PL #201
 CAPE CORAL FL 33904 CAPE CORAL FL 33904

2. Principal Place of Business 3. Mailing Address
 3901 SE 11th PL #103 3901 SE 11th PL #103
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 #103 #103

City & State City & State
 CAPE CORAL FL CAPE CORAL, FL
 Zip Country Zip Country
 33904 LEE 33904 LEE



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
 59-2394818 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRUETTER, MARGARET S
 3901 SE 11TH PL., #201
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
 Name: LYNN C. RODOLPH
 Street Address (P.O. Box Number is Not Acceptable)
 3901 SE 11th PL #205
 City: CAPE CORAL FL Zip Code: 33904

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]* LYNN C. RODOLPH 3/7/05
Signature, typed or printed name of registered agent, and title if applicable (NONE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, RAVEN W	
STREET ADDRESS	390 SE 11TH PL. #105	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	D'YARMETT, PHYLLIS	
STREET ADDRESS	3901 SE 11TH PL. #103	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRUETTER, MARGARET S	
STREET ADDRESS	3901 SE 11TH PL. #201	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN C. RODOLPH	
STREET ADDRESS	3901 SE 11 th PL. #205	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Thomas W. Raven* - THOMAS W. RAVEN 7 MARCH 2005 239.540.4540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #