

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004287

1. Entity Name
**SUNSET PLAZA OFFICE WAREHOUSE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**17080 SAFETY ST
FT. MYERS, FL 33908**

Mailing Address

**PO BOX 1753
LAWRENCE, KS 66044**



01102005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
20-0094778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANTAUARIA, J.E.
1700 BEN FRANKLIN 12 D
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANTAUARIA, J.E.
STREET ADDRESS	P.O. BOX 1753
CITY- ST- ZIP	LAWRENCE, KS 66044
TITLE	D
NAME	SANTAUARIA, DONNA
STREET ADDRESS	P.O. BOX 1753
CITY- ST- ZIP	LAWRENCE, KS 66044
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000271232
03/21/05-80040-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

J.E. SANTAUARIA

3/16/05

(785) 749-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #