


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90041 050 \*\*\*\*61.25

DOCUMENT # N03000004287 1. Entity Name SUNSET PLAZA OFFICE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 17080 SAFETY ST FT. MYERS, FL 33908	Mailing Address PO BOX 1753 LAWRENCE, KS 66044
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**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0094778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SANTAUARIA, J.E. RAGER, KENNETH D. 1700 BEN FRANKLIN 12-D CAPITAL PROPERTIES GROUP SARASOTA, FL 34230 3364 CLEVELAND AVE. PORT MYERS, FL 33901
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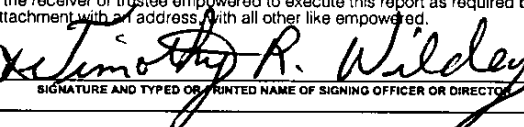
**DO NOT WRITE  
IN THIS SPACE**

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 	KENNETH D. RAGER	1/17/06
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTAUARIA, J.E. P.O. BOX 1753 LAWRENCE, KS 66044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTAUARIA, DONNA P.O. BOX 1753 LAWRENCE, KS 66044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Denny Abbott 17080 Safety Street #110 Fort Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Turner 17080 Safety Street #101 Fort Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Ronald Holmes 17100 Safety Street #207 Fort Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Timothy Wilder 17080 Safety Street #104 Fort Myers, FL 33908

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	01/16/06	(239) 267-6017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		