


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90023 038 \*\*\*\*61.25

<b>DOCUMENT # N03000004287</b>					
<b>1. Entity Name</b> SUNSET PLAZA OFFICE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 17080 SAFETY ST FT. MYERS, FL 33908			<b>Mailing Address</b> <del>PO BOX 1753</del> <del>LAWRENCE, KS 66044</del> 3364 CLEVELAND AVE FORT MYERS, FL		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 3364 CLEVELAND AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FORT MYERS, FL			
Zip	Country	Zip 33901	Country LEE	<b>4. FEI Number</b> 20-0094778	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> RAGER, KENNETH D CAPITAL PROPERTIES GROUP 3364 CLEVELAND AVE FORT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> ABBOTT, JERRY <b>STREET ADDRESS</b> 17080 SAFETY ST, # 110 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> ABBOTT, JERRY <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> TURNER, JOHN <b>STREET ADDRESS</b> 17080 SAFETY ST, # 101 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TS <b>NAME</b> HOLMES, RONALD <b>STREET ADDRESS</b> 17100 SAFETY ST # 207 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WILDEY, TIMOTHY <b>STREET ADDRESS</b> 17080 SAFETY ST, # 104 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input type="checkbox"/> Delete		<b>TITLE</b> VICE PRESIDENT <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kenneth E. Holm</i>			2/5/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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