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

FILED Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90048 041 ****70.00

DOCUMENT # N0400008818 1. Entity Name THE SUN CENTRAL II CONDOMINIUM ASSOCIATION AT FORT MYERS, INC.						02-07-2005	90048 04	41 ****7	0.00
Principal Place of Business 2950 ROYAL PALM AVE FT MEYERS, FL 33997		Mailing Address 2950 ROYAL PALM AVE FT MEYERS, FL 33997							
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2. Principal Pl	lace of Business	3. Mailing Address				2011 2 010 201 0 00 21 23 11	68% 08 01 5 6	† 10741 L†H.D? 10#	IEI UI IURI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02042005	Chg-NP	CR2E037	(10/03)	
City & State		City & State			4. FEI Number	192456)		plied For Applicable
Zip	Country	Zip	Country		1	f Status Desired	\$	8.75 Addi	itional
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and A	Address of New R			
eniei De	CUDISTODUED I		Na	ame					
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901			St	Street Address (P.O. Box Number is Not Acceptable)					
								T a l a la	
			ŀ	ity			FL	Zip Code	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent				· · · · · · · · · · · · · · · · · · ·	, in the State of Flo	orida. I am fa	miliar with, a	and accept
Filling Fee is \$61.25 9. Election Campaig Due by May 1, 2005 Trust Fund Contrib			E. (NO PROPERTY OF LAND	un seftientora codomor	t when reinstating)		DATE		1
		9. Election Ca	mpaign Finan		\$5.00 May Be Added to Fees	,	ake check		
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Increase certify that the information supplied with this litting boes not qualify for the exception state in Section 118.07(5)(f), florida Statutes, for the certify that the information indicated on this report or suppliemental 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:

RE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR