

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90032 006 ****61.25

DOCUMENT # N04000008818 1. Entity Name THE SUN CENTRAL II CONDOMINIUM ASSOCIATION AT FORT MYERS, INC.					
Principal Place of Business 2950 ROYAL PALM AVE FT MEYERS, FL 33997			Mailing Address 2950 ROYAL PALM AVE FT MEYERS, FL 33997 <i>40 Palm State Mgt 6385 Presidential Ct Fort Myers, FL 33912</i>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0609328	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, P.A. 14241 METROPOLIS AVE #100 FORT MYERS, FL 33912			Becker & Poliakoff, P.A. c/o Joseph E. Adams, Esq. 14241 Metropolis Ave, #100		
City			City		
Fort Myers			FL 33912		
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		<i>Joseph E. Adams</i> Joseph E. Adams, Esquire		02/29/08 DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASTANI, AMIRALI		NAME		
STREET ADDRESS	1649 LLEWELLYN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMAN, LEANNE		NAME		
STREET ADDRESS	7084 CEDARHURST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, BRYAN		NAME		
STREET ADDRESS	1825 SE 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOTOR, HENRY		NAME	Lydia Oosterlynck	
STREET ADDRESS	130 W. 43RD ST.		STREET ADDRESS	829 SW 47th Terrace	
CITY-ST-ZIP	HALEAH, FL 33012		CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	OTERO, VANESSA		NAME		
STREET ADDRESS	5433 NE 3RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Leanne Braman</i>		President, SUNS		3/4/08 239-281-4299	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	