

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008818

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** THE SUN CENTRAL II CONDOMINIUM ASSOCIATION AT FORT MYERS, INC.

**Current Principal Place of Business:**

2180 MARAVILLA LANE  
110  
FT MEYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2180 MARAVILLA LANE  
110  
FT MEYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 03-0609328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRADEMARK PROPERTY MANAGEMENT, LLC  
C/O CARMEN N. MORALES, CAM  
2180 MARAVILLA LANE #110  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: VASTANI, AMIRALI  
Address: 1649 LLEWELLYN DRIVE  
City-St-Zip: FORT MYERS, FL 33901

Title: P ( ) Delete  
Name: BRAMAN, LEANNE  
Address: 7084 CEDARHURST DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: S ( ) Delete  
Name: MORRISON, BRYAN  
Address: 1825 SE 7TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: T ( ) Delete  
Name: OOSTERLYNCK, LYDIA  
Address: 829 SW 47TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRAMAN, LEANNE  
Address: 2180 MARAVILLA LN.  
City-St-Zip: FORT MYERS, FL 33901

Title: VP (X) Change ( ) Addition  
Name: HERWIG, AARON  
Address: 2180 MARAVILLA LN.  
City-St-Zip: FORT MYERS, FL 33919

Title: S (X) Change ( ) Addition  
Name: STEVENS, KENNETH  
Address: 2180 MARAVILLA LN.  
City-St-Zip: FT. MYERS, FL 33901

Title: T (X) Change ( ) Addition  
Name: OOSTERLYNCK, LYDIA  
Address: 2180 MARAVILLA LN.  
City-St-Zip: FT. MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN N. MORALES

MGR

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date