
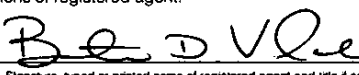
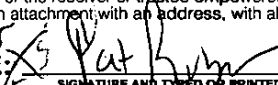


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90023 040 ****61.25

DOCUMENT # N05000011511 1. Entity Name SUNSET POINTE AT FORT MYERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1260-12670 KENWOOD LANE FORT MYERS, FL			Mailing Address P.O. BOX 6097 FORT MYERS, FL 33911		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O BENSON'S INC			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12650 WHITEHALL DR			
City & State		City & State FORT MYERS, FL			
Zip	Country	Zip 33907	Country	4. FEI Number 20-5086185	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SERVICES TAYLOR MADE INC ROBERT MOSLEY 2825 WINKLER AVE FORT MYERS, FL 33916				7. Name and Address of New Registered Agent Name VANDALL, BONITA D. Street Address (P.O. Box Number is Not Acceptable) 12650 WHITEHALL DR City FORT MYERS FL Zip Code 33907	
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 		BONITA D. VANDALL		2-11-08	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEZ, CARLOS 12644 KENWOOD LANE FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBENZER, PATRICIA 12640 KENWOOD LN #B FORT MYERS, FL 33907
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARMINE, SILVIA L 3725 NORTHEAST 169TH ST #304 MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SVETLIK, TANYA 12652 D KENWOOD LN FORT MYERS, FL 33907
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SRETLIA, TONYA 12652 D KENWOOD LANE FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STUART, DAVID 12644 D KENWOOD LN FORT MYERS, FL 33907
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JIM P.O. BOX 2048 ALPINE, CA 91903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPECK, SHERRY 8948 CREST LANE FORT MYERS, FL 33907
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					