

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90053 026 ****61.25

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02052007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000012658					
1. Entity Name THE ANNEX AT SUNSET PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 17200 AND 17220 SAFETY STREET 10800 AND 10830 SAFETY LANE FT. MYERS, FL			Mailing Address POB 1753 LAWRENCE, KS 66044 US		
2. Principal Place of Business - No P.O. Box # CAPITAL PROPERTIES		3. Mailing Address 3364 CLEVELAND AVE.			
Suite, Apt. #, etc. 3364 CLEVELAND AVE.		Suite, Apt. #, etc.			
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 20-3431253	
Zip 33901		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PFLUGNER, J. GEOFFREY 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237		7. Name and Address of New Registered Agent None RAGER, KENNETH Street Address (P.O. Box Number is Not Acceptable) CAPITAL PROPERTIES GROUP 3364 CLEVELAND AVE City FORT MYERS, FL Zip Code 33901			
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		KENNETH D. RAGER		2/13/07	
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME SANTAUARIA, J.E. STREET ADDRESS 1700 BEN FRANKLIN DR, # 12-D CITY-ST-ZIP SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE PD NAME WILDEY, TIM STREET ADDRESS 17080-104 SAFETY ST. CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SANTAUARIA, DONNA STREET ADDRESS POB 1753 CITY-ST-ZIP LAWRENCE, KS 66044	<input checked="" type="checkbox"/> Delete		TITLE VP NAME BACIK, RANDALL STREET ADDRESS 1200 PERIWINKLE WAY, #3 CITY-ST-ZIP SANibel, FL 33957	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SANTAUARIA, ANTHONY STREET ADDRESS POB 1753 CITY-ST-ZIP LAWRENCE, KS 66044	<input checked="" type="checkbox"/> Delete		TITLE SEC. NAME KOWALCZYK, KRISTA STREET ADDRESS 10801 SUNSET PLAZA CIRCLE #207 CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE TREAS NAME LEFF, MARVIN STREET ADDRESS 10821 SUNSET PLAZA CIRCLE #303 CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME JOFFE, DAVID STREET ADDRESS 10821 SUNSET PLAZA CIRCLE #305 CITY-ST-ZIP FT. MYERS, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:		(KRISTA KOWALCZYK)		02/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	