

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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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 Suite, Apt. #, etc. 3364 CLEVELAND AVE.		3. Mailing Address 3364 CLEVELAND AVE. Suite, Apt. #, etc.		02052007 Chg-NP CR2E037 (12/06)	
City & State FORT MYERS, FL		City & State FORT MYERS, FL		4. FEI Number 20-3431253 Applied For Not Applicable	
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 Name 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		DATE 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SANTAULARIA, J.E. 1700 BEN FRANKLIN DR, # 12-D SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILDEY, TIM 17080-104 SAFETY ST. FT. MYERS, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTAULARIA, DONNA POB 1753 LAWRENCE, KS 66044	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACIK, RANDALL 1200 PERIWINKLE WAY, #3 SANIBEL, FL 33957	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTAULARIA, ANTHONY POB 1753 LAWRENCE, KS 66044	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. KOWALCZYK, KRISTA 10801 SUNSET PLAZA CIRCLE #207 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	TREAS LEFF, MARVIN 10821 SUNSET PLAZA CIRCLE #303 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	DIRECTOR JOFFE, DAVID 10821 SUNSET PLAZA CIRCLE #305 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)		DATE 02/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # C239/437.1838	