

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

71. **FILED**  
**Aug 27, 2008 8:00 am**  
**Secretary of State**  
07-31-2008 90043 027 \*\*\*\*61.25

<b>DOCUMENT # N19897</b> 1. Entity Name <b>SUNNY PALMS WEST CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 1016 SE 8TH STREET CAPE CORAL FL 33990 US		Mailing Address 1016 SE 8TH STREET CAPE CORAL FL 33990 US	
2. Principal Place of Business - No P.O. Box # <b>1016 SE 8th St</b> Suite, Apt. #, etc. <b># 3</b>		3. Mailing Address <b>1016 SE 8th St</b> Suite, Apt. #, etc. <b># 3</b>	
City & State <b>Cape Coral FL</b> Zip <b>33990</b>		City & State <b>Cape Coral FL</b> Zip <b>33990</b>	
Country <b>US</b>		Country <b>US</b>	
6. Name and Address of Current Registered Agent <b>DUBOVSKY, ANDREW G</b> <b>1016 SE 82 ST #6</b> <b>CAPE CORAL FL 33990</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code	
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>Andrew G. Dubovsky</i> <b>ANDREW G. DUBOVSKY</b> <i>July 28, 2008</i> <small>Signature, typed or printed name of registered agent and the date if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 3, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>PETERSON, KRISTIN</b> <b>1016 SE 8TH ST #3</b> <b>CAPE CORAL FL 33990</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>DUBOVSKY, ANDREW</b> <b>1016 SE 8TH ST #6</b> <b>CAPE CORAL FL 33990</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>DUBOVSKY, LYNN</b> <b>1016 SE 8TH ST 6</b> <b>CAPE CORAL FL 33990</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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>Kristin Peterson</i> <b>Kristin Peterson</b> <i>8-24-08</i> <i>239-218-1167</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	