

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12: 01

DOCUMENT # N24962 (5)

1. Corporation Name

**SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

22700 S TAMiami TRAIL
ESTERO FL 33928
US

523 S EIGHTH ST
MINNEAPOLIS MN 55404
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1988	3a. Date of Last Report 04/05/1994
4. FEI Number 41-1613208	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEBOEST, RICHARD D.
1415 HENDRY ST.
FT. MYERS FL 33901**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ENGELSMA, DANIEL W.	1.2 NAME	
STREET ADDRESS	523 S. EIGHTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DAHLBERG, BURTON, F.	2.2 NAME	
STREET ADDRESS	523 S. EIGHTH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	SUNDIN, GORDON J	3.2 NAME	
STREET ADDRESS	22700 S. TAMiami TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLOUGHBY, CHARLES	4.2 NAME	
STREET ADDRESS	22679 ISLAND LKS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	ANDERS, JAMES	5.2 NAME	
STREET ADDRESS	3891 MARY ANN WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE:

Daniel W. Engelsma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

612/332-1241

Date

Signature Here