

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24962 (5)

1. Corporation Name

SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATI
ON, INC.



Principal Place of Business

22700 S TAMiami TRAIL
ESTERO FL 33928
US

Mailing Address

523 S EIGHTH ST
MINNEAPOLIS MN 55404
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 870

22

City & State

27

Suite, Apt. #, etc.

23

Zip

Country

28

Estero, FL

29

33928

30

US

3. Date Incorporated or Qualified

02/23/1988

3a. Date of Last Report

02/06/1995

4. FEI Number

41-1613208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Christopher J. Shields

82 Street Address (P.O. Box Number is Not Acceptable)

1833 Hendry Street

83

84 City

Fort Myers

FL

85

Zip Code
33902

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/26/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ENGELSMA, DANIEL W.
STREET ADDRESS 523 S. EIGHTH STREET
CITY-ST-ZIP MINNEAPOLIS MN ☒ DELETE

TITLE VD
NAME DAHLBERG, BURTON, F.
STREET ADDRESS 523 S. EIGHTH STREET
CITY-ST-ZIP MINNEAPOLIS MN ☐ DELETE

TITLE SD
NAME SUNDIN, GORDON J
STREET ADDRESS 22700 S. TAMiami TRAIL
CITY-ST-ZIP ESTERO FL ☐ DELETE

TITLE VD
NAME WILLOUGHBY, CHARLES
STREET ADDRESS 22679 ISLAND LKS DR
CITY-ST-ZIP ESTERO FL ☐ DELETE

TITLE TD
NAME ANDERS, JAMES
STREET ADDRESS 3891 MARY ANN WAY
CITY-ST-ZIP ESTERO FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME Pavich, Joe ☐ Change ☒ Addition
1.3 STREET ADDRESS 22569 Island Lakes Drive
1.4 CITY-ST-ZIP Estero FL 33928

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Hoke, Carl
2.3 STREET ADDRESS 22625 Forest View Drive
2.4 CITY-ST-ZIP Estero, FL 33928

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME Alice Walat
3.3 STREET ADDRESS 22643 Island Lakes Drive
3.4 CITY-ST-ZIP Estero FL 33928

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME Fykes, Shirley
4.3 STREET ADDRESS 3880 Mary Ann Way
4.4 CITY-ST-ZIP Estero FL 33928

5.1 TITLE PD ☒ Change ☐ Addition
5.2 NAME Anders, James
5.3 STREET ADDRESS 3891 Mary Ann Way
5.4 CITY-ST-ZIP Estero FL 33928

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(3)(k), 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 an address.

SIGNATURE: James Anders James Anders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96 <9417267-8806

CR2E037 (12/95)