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FILED

Mar 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
USP.O. BOX 870
ESTERO FL 33928-0870
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1988		3a. Date of Last Report 04/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 41-1613208		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY ST.
FT. MYERS FL 33902

10. Name and Address of New Registered Agent

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

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	PAVICH, JOE	1.2 NAME	KENT, WILLIAM
STREET ADDRESS	22569 ISLAND LAKES DR.	1.3 STREET ADDRESS	22575 ISLAND LAKES DR
CITY-ST-ZIP	ESTERO FL 33928	1.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	VD ☒ DELETE	2.1 TITLE	TD ☐ Change ☒ Addition
NAME	DAHLBERG, BURTON, F.	2.2 NAME	ESPINET, KENRIC
STREET ADDRESS	523 S. EIGHTH STREET	2.3 STREET ADDRESS	3900 MARY ANN WAY
CITY-ST-ZIP	MINNEAPOLIS MN	2.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	SD ☒ DELETE	3.1 TITLE	SD ☐ Change ☒ Addition
NAME	SUNDIN, GORDON J	3.2 NAME	HANNY, GAYLE
STREET ADDRESS	22700 S. TAMiami TRAIL	3.3 STREET ADDRESS	22620 FOREST VIEW DR
CITY-ST-ZIP	ESTERO FL	3.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	VD ☒ DELETE	4.1 TITLE	VD ☐ Change ☒ Addition
NAME	WILLOUGHBY, CHARLES	4.2 NAME	KONDOGAN, NICK
STREET ADDRESS	22679 ISLAND LKS DR	4.3 STREET ADDRESS	22582 ISLAND LAKES DR
CITY-ST-ZIP	ESTERO FL	4.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	PD ☒ DELETE	5.1 TITLE	VD ☐ Change ☒ Addition
NAME	ANDERS, JAMES	5.2 NAME	PATTON, KEN
STREET ADDRESS	3891 MARY ANN WAY	5.3 STREET ADDRESS	22581 ISLAND LAKES DR.
CITY-ST-ZIP	ESTERO FL 33928	5.4 CITY-ST-ZIP	ESTERO FL 33928
TITLE	VD ☒ DELETE	6.1 TITLE	
NAME	HOKE, CARL	6.2 NAME	
STREET ADDRESS	22625 FOREST VIEW DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ESTERO FL 33928	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENRIC ESPINET

3/17/97 TREASURER

Date

Daytime Phone # 0057081

CR2E037 (9/96)