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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA 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. US	P.O. BOX 870 ESTERO FL 33928 US

3. Date Incorporated or Qualified: 02/23/1988

4. FEI Number: 41-1613208 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHIELDS, CHRISTOPHER J 1833 HENDRY ST. FT. MYERS FL 33902	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 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	PD	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KENT, WILLIAM		1.2 NAME	THEODORE SLECZKOWSKI	
STREET ADDRESS	22575 ISLAND LAKES DRIVE		1.3 STREET ADDRESS	22576 ISLAND LAKES DR	
CITY-ST-ZIP	ESTERO FL		1.4 CITY-ST-ZIP	ESTERO, FL. 33928	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	ESPINET, KENRIC		2.2 NAME	JIM ANDERS	
STREET ADDRESS	3900 MARY ANN WAY		2.3 STREET ADDRESS	3891 MARY ANN WAY	
CITY-ST-ZIP	ESTERO FL		2.4 CITY-ST-ZIP	ESTERO, FL. 33928-2340	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	HANNY, GAYLE		3.2 NAME	CHARLES WILLOUGHBY	
STREET ADDRESS	22620 FOREST VIEW DR		3.3 STREET ADDRESS	22679 ISLAND LAKES DR	
CITY-ST-ZIP	ESTERO FL		3.4 CITY-ST-ZIP	ESTERO, FL 33928	
TITLE	VD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	KONDOGAN, NICK		4.2 NAME		
STREET ADDRESS	22582 ISLAND LAKES DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ESTERO FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	PATTON, KEN		5.2 NAME	ALICE WALAT	
STREET ADDRESS	22581 ISLAND LAKES DR		5.3 STREET ADDRESS	22643 ISLAND LAKES DRIVE	
CITY-ST-ZIP	ESTERO FL		5.4 CITY-ST-ZIP	ESTERO FL. 33928-2340	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 if changed, or on an attachment with an address.

SIGNATURE [signature] JAMES H. ATKINS 6-30-98