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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90249 001 \*\*\*\*61.25

DOCUMENT # N24962

1. Corporation Name

SUNRISE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATI  
ON, INC.

Principal Place of Business

22700 S TAMAMI TRAIL  
ESTERO FL 33928  
US

Mailing Address

P.O. BOX 870  
ESTERO FL 33928  
US



2. Principal Place of Business

21 11920 Fairway Lakes Dr.

2a. Mailing Address

26 P.O. Box 854

3. Date Incorporated or Qualified

02/23/1988

Suite, Apt. #, etc.

22 A2

Suite, Apt. #, etc.

27

4. FEI Number

41-1613208

Applied For

Not Applicable

City & State

23 Ft. Myers FL

City & State

28 ESTERO FL

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip Country

33913 25 USA

Zip Country

33928 30 USA

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	SLECZKOWSKI, THEODORE	22576 ISLAND LAKES DR	ESTERO FL 33928	<input checked="" type="checkbox"/>
TD	ANDERS, JIM	3891 MARY ANN WAY	ESTERO FL 33928-2340	<input type="checkbox"/>
SD	WILLOUGHBY, CHARLES	22679 ISLAND LAKES DR	ESTERO FL 33928	<input checked="" type="checkbox"/>
PD	KONDOGAN, NICK	22582 ISLAND LAKES DR	ESTERO FL	<input type="checkbox"/>
VD	WALAT, ALICE	22643 ISLAND LAKES DR	ESTERO FL 33928-2340	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VICE PRESIDENT/DIRECTOR	BETTY ZIMBRO	3910 MARY ANN WAY	ESTERO FL 33928	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SECRETARY/DIRECTOR	RITA HOKE	22625 FOREST VIEW DR	ESTERO FL 33928	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DIRECTOR				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PRESIDENT/DIRECTOR				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)