

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N40588

1. Entity Name
SOUTHWEST SUNSET VOLLEYBALL CLUB, INC.



Principal Place of Business
**8695 COLLEGE PKWY
STE 205
FORT MYERS, FL 33919 US**

Mailing Address
**8695 COLLEGE PKWY
STE 205
FORT MYERS, FL 33919 US**



04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0230261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FINMAN, SHELDON E
2215 FIRST ST
FORT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE D
NAME BAXTER, TOM
STREET ADDRESS 2254 CHANDLER AVE
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VD
NAME SHEETS, VICKI
STREET ADDRESS 2130 DOVER
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE T
NAME HESSEL, PATRICIA
STREET ADDRESS 6338 COCOS DRIVE
CITY-ST-ZIP FORT MYERS, FL 33908

TITLE SD
NAME CROKE, SHARON
STREET ADDRESS 5731 GRILLET PL
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE PD
NAME HARRELL, STEVE
STREET ADDRESS 2391 WULFORD RD
CITY-ST-ZIP SANIBEL, FL 33957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000534641
05/08/06-80020-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

✓ 4-24-06 239 472-3121
Date Daytime Phone #