

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**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**



05012007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0230261**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000760637  
05/25/07-90022-007 61.25

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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

**5/1/07**

Date

Daytime Phone #