

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90006 016 ****61.25

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**

40115101



05022008 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 September 12, 2008**

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

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-27-08