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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42196** **(8)**

1. Corporation Name
SUNRISE CAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
140 EVENINGSTAR CAY NAPLES FL 33961 US	11314 SUNRAY DR BONITA SPRINGS FL 34135-6917 US

3. Date Incorporated or Qualified: 02/22/1991
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business
21: 269 SUNRISE CAY #3
22: Suite, Apt. #, etc
23: City & State: NAPLES, FL
24: Zip: 34114
25: Country: COLLIER

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0252067 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARNELL, MARY
C/O MAC'KIE & MARNELL, P.A.
5551 RIDGEWOOD DRIVE
NAPLES FL 33963

10. Name and Address of New Registered Agent

91 Name: BRIAN SHEEHAN
92 Street Address (P.O. Box Number is Not Acceptable): 269 SUNRISE CAY #3
93:
94 City: NAPLES **FL** 95 Zip Code: 34114

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: Brian Sheehan, PRES. DATE: FEB 18, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☒ DELETE	1.1 TITLE	PRESIDENT (D)	☒ Change ☐ Addition
NAME	BARNARD, THOMAS L		1.2 NAME	BRIAN SHEEHAN	
STREET ADDRESS	140 EVENINGSTAR CAY		1.3 STREET ADDRESS	269 SUNRISE CAY #3	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	DVP	☒ DELETE	2.1 TITLE	Secretary (D)	☒ Change ☐ Addition
NAME	HARDY, ROBERT		2.2 NAME	ALBERT M. Weatherby	
STREET ADDRESS	140 EVENINGSTAR CAY		2.3 STREET ADDRESS	285 SUNRISE CAY #1	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAPLES, FL. 34114	
TITLE	D	☒ DELETE	3.1 TITLE	TREASURER (D)	☒ Change ☐ Addition
NAME	MULLINGAN, ANTJE		3.2 NAME	ANTJE MULLIGAN	
STREET ADDRESS	140 EVENINGSTAR CAY		3.3 STREET ADDRESS	353 SUNRISE #6	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES, FL 34114	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (9/96)

14. I do 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: Brian Sheehan BRIAN SHEEHAN 941-394-8716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-18-97 Daytime Phone # 0060483