FILE NOW: FILING FEE IS $61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State
04-02-1999 90013 016 ****61.25

006A893

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N42196**

1. Corporation Name
SUNRISE CAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
269 SUNRISE CAY., #3 NAPLES FL 34114 US	~~11314 SUNRAY DR~~ 5800 Strand Blvd. ~~BONITA SPRINGS~~ FL ~~33923~~ Naples 34110 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/22/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0252067 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHEEHAN, BRIAN
269 SUNRISE CAY., #3
~~5661 RIDGEWOOD DRIVE~~
NAPLES FL 34114

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHEEHAN, BRIAN		1.2 NAME	
STREET ADDRESS	269 SUNRISE CAY., #3		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34114			
TITLE	SD	☐ DELETE		
NAME	WEATHERBY, ALBERT M			
STREET ADDRESS	285 SUNRISE CAY.,#1			
CITY-ST-ZIP	NAPLES FL 34114			
TITLE	TD	☐ DELETE		
NAME	MULLIGAN, ANTJE			
STREET ADDRESS	333 SUNRISE CAY., #6			
CITY-ST-ZIP	NAPLES FL 34114			
TITLE		☐ DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ DELETE		
NAME				
STREET ADDRESS				
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	

GALLANT PROPERTY MANAGEMENT, INC

Our New Mailing Address:

2338 IMMOKALEE RD. SUITE 109
NAPLES, FLORIDA 34110

PHONE (941) 596-0414

FAX (941) 596-0415

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

14. 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 DELETED Mar 6, 1999 941 394-8716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)