

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90063 028 ****61.25

DOCUMENT # N96000002220

1. Entity Name
**SANIBEL SUNSET VILLAS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912**

Mailing Address
**P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912**

40001231



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0667548

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SAPP, PAUL
P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Paul A. Sapp DATE 3-16-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENNETT, LOURIANNE	
STREET ADDRESS	15660 SAN CARLOS BLVD. #40	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, BEVERLY	
STREET ADDRESS	15660 SAN CARLOS BLVD. #40	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SLIWINSKI, KRISTINA	
STREET ADDRESS	15660 SAN CARLOS BLVD. #40	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	ASM	<input checked="" type="checkbox"/> Delete
NAME	LOWMAN, GYNNIS	
STREET ADDRESS	15660 SAN CARLOS BLVD SUITE 40	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matuszak, Jim	
STREET ADDRESS	16810 Sanibel Sunset Ct. #602	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McAllister, Bea	
STREET ADDRESS	16821 Sanibel Sunset Ct. #201	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Paul A. Sapp DATE 3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR