## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N96000002220 **FILED** Jul 14, 2008 08:00 AM SANIBEL SUNSET VILLAS CONDOMINIUM ASSOCIATION, INC. **Secretary of State** Principal Place of Business Mailing Address **PAM PROPERTY MANAGEMENT P&M PROPERTY MANAGEMENT** 14360 S. TAMIAMI TRL., UNIT B 14360 S. TAMIAMI TRL., UNIT B FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 65-0667548 Not Applicable 7in Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAPP, PAUL Street Address (P.O. Box Number is Not Acceptable) P & M PROPERTY MGMT 14360 S. TAMIMAI TRL., UNIT B FORT MYERS, FL 33912 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change Addition ☐ Delete MLE NAME BENNETT, LOURIANNE NAME 15660 SAN CARLOS BLVD. #40 STREET ADDRESS STREET ADDRESS U000000954558 CITY-ST-7IP FORT MYERS, FL 33908 CITY-ST-71P 07/14/08-80007-004 61.25 TITLE Delete TITLE ☐ Change ☐ Addition MATUSZAK, JIM NAME MALE STREET ADDRESS 16810 SANIBEL SUNSET CT., 602 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP STD TITLE ☐ Delete Change Addition NAME MCALLISTER, BEA NAME 16821 SANIBEL SUNSET CT., 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition ME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete MILE NAME MAAR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

STREET ADDRESS CITY-ST-7IP

TOLE

SIGNATURE:

TALE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF PLOYING OFFICER ON DIRECTOR

☐ Delete

2-10-08

Daytime Phone #

☐ Change

■ Addition