

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90300 033 ****61.25

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1. Entity Name

SUNRISE CAY II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

463 TORREY PINES PT
NAPLES, FL 34113

Mailing Address

463 TORREY PINES PT
NAPLES, FL 34113 US



04162005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3412451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOREMAN, GEORGE
463 TORREY PINES PT
NAPLES, FL 34113

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 May 1, 2005

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 P
GIBERGA, OVIDIO
237 SUNRISE CAY #203
NAPLES, FL 34114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BUXELL, IRVIN
221 SUNRISE CAY #204
NAPLES, FL 34114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DIETER, RICHARD
253 SUNRISE CAY #101
NAPLES, FL 34114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PLENGE, URSULA
317 SUNRISE CAY #202
NAPLES, FL 34114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HAGAR, WALTER
205 SUNRISE CAY #204
NAPLES, FL 34114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOREMAN, GEORGE
5067 TAMiami TRAIL E
NAPLES, FL 34113

12. 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 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:

George Foreman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE FOREMAN

4-26-2005

Date

239-643-7647

Daytime Phone #