

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90033 021 ****61.25

DOCUMENT # N97000005501

1. Entity Name
SUNSCAPE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**AMERICAN CONDO MANAGEMENT, INC.
909 SE 47TH TERRACE, SUITE 105
CAPE CORAL, FL 33904**

Mailing Address
**C/O FRAN ROTINO
3364 CLEVELAND AVENUE
FT. MYERS, FL 33901**

60007406



01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0848094	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

~~KASE, SUSAN~~ **RAGER, KENNETH D.**
~~909 SE 47TH TERRACE~~ **% CAPITAL PROPERTIES GROUP**
~~SUITE 105~~ **3364 CLEVELAND AVE.**
~~CAPE CORAL, FL 33904~~ **FT. MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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 **KENNETH D. RAGER** **1/12/06**
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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROWN, GARY
STREET ADDRESS	13111 PATTERSON ROAD
CITY-ST-ZIP	N. LAWRENCE, OH 44666

TITLE	VD
NAME	CORRIGAN, BILL
STREET ADDRESS	4108 SE 18TH AVENUE #204
CITY-ST-ZIP	CAPE CORAL, FL 33904

TITLE	STD
NAME	HEIMAN, JOHN
STREET ADDRESS	3017 HIAWATHA DRIVE
CITY-ST-ZIP	LOVELAND, CO 80538

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: **01/12/06** **6239/549-6040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #