

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90072 004 ****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**

50001273



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0848094

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAGER, KENNETH D
C/O CAPITAL PROPERTIES GROUP
3364 CLEVELAND AVE
FORT MYERS, FL 33901**

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

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, 2008**

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

TITLE **P** ☐ Delete
NAME **HEIMAN, JOHN**
STREET ADDRESS **3017 HIAWATHA DRIVE**
CITY-ST-ZIP **LOVELAND, CO 80538**

TITLE **ST** ☐ Delete
NAME **BROWN, PAMELA**
STREET ADDRESS **3623 SE 17TH AVE**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

[Signature] **CJOHN HEIMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/2/08

Date

1-970-663-7342

Daytime Phone #