

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

Ch 505
FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 714010 1. Entity Name SUNSET HOUSE APARTMENTS OF MARCO ISLAND, INC.	
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Principal Place of Business 220 SEA VIEW COURT MARCO ISLAND, FL 34145 US	Mailing Address 220 SEA VIEW COURT MARCO ISLAND, FL 34145 US
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1281382	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMS, JOSEPH E 14241 METROPOLIS AVE. SUITE 100 FORT MYERS, FL 33912	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRELL, DONALD 220 SEAVIEW COURT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANTERES, WILLIAM 220 SEAVIEW CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARR, PHILLIP 220 SEAVIEW CT. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, STEVE 220 SEAVIEW CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAINS, GARY 220 SEAVIEW CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/22/07-80002-015 61.25

**DO NOT WRITE
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: William P. Kontares Pres. 2/08/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #