2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2008 8:00 am Secretary of State **DOCUMENT #714010** 04-17-2008 90024 006 ****61.25 SUNSET HOUSE APARTMENTS OF MARCO ISLAND, Principal Place of Business Mailing Address 40069981 220 SEA VIEW COURT 220 SEA VIEW COURT MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34145 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03252008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1281382 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 14241 METROPOLIS AVE. SUITE 100 FORT MYERS, FL 33912 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VPD Detete **M**Addition νP ☐ Change TITLE TITLE HARRELL, DONALD NAME NAME 220 SEAVIEW COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MARCO ISLAND, FL 34145 Addition PD Defete TITLE TITLE KANTERES, WILLIAM NAME NAME 220 SEAVIEW CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-7IP VPD ☐ Addition Delete TITLE TITLE

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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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:	Dern	FMan
	SIGNATURE	TYPED OR PRINTED

CARR, PHILLIP

ST

VPD-

220 SEAVIEW CT.

MILLER, STEVE

220 SEAVIEW CT

RAINS, GARY

220 SEAVIEW CT

MARCO ISLAND, FL 34145

MARCO ISLAND, FL 34145

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

President

4/2/08

☐ Change

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