2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 714010

Entity Name: SUNSET HOUSE APARTMENTS OF MARCO ISLAND, INC.

Current Principal Place of Business:

220 SEA VIEW COURT
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

220 SEA VIEW COURT
MARCO ISLAND, FL 34145 US

New Mailing Address:

FEI Number: 59-1281382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
ATTN: JOSEPH ADAMS
999 VANDERBILT BEACH RD. SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: CARTER, RON
Address: 220 SEAVIEW CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete
Name: MANDLEY, GARY
Address: 220 SEAVIEW COURTH
City-St-Zip: MARCO ISLAND, FL 34145

Title: ST ( ) Delete
Name: MILLER, STEVE
Address: 220 SEAVIEW CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: P ( ) Delete
Name: RAINS, GARY
Address: 220 SEAVIEW CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: CARTER, RON VP
Address: 220 SEAVIEW CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: MILLER, STEVE SEC/TRE
Address: 220 SEAVIEW CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: P (X) Change ( ) Addition
Name: RAINS, GARY PRES
Address: 220 SEAVIEW CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Change (X) Addition
Name: CLARKE, SHARON
Address: 220 SEAVIEW COURT #509
City-St-Zip: MARCO ISLAND, FL 34145 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY RAINS PRES 03/18/2009
Electronic Signature of Signing Officer or Director — Date