2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 29, 2006 8:00 am Secretary of State **DOCUMENT #742159** 03-29-2006 90118 004 ****61.25 SUNSET CAPTIVA HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P 0 BOX 194 P 0 B0X 194 ATTN: ASSN. MGMT. ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924 US CAPTIVA ISLAND, FL 33924 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Numbe 59-2055236 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name SOUTH SEAS PLANTATION RESORT Street Address (P.O. Box Number is Not Acceptable) 13000 CAPTIVA ROAD ATTN: ASSN, MGMT. CAPTIVA ISLAND, FL 33924 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Change TITLE ☐ Delete RON KRAHER NAME REISS, GINNY NAME 42 ELGINAVE 25181 VILLAGE CIR STREET ADDRESS STREET ADDRESS TORONTO, ONTARIO, CANADA HER **GOLDEN, CO 80401** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE DR. BOB VINSON 112 BALL ST. UNIT B. NAME SISTO, OMAR NAME STREET ADDRESS 9701 SW 100 AVE RD STREET ADDRESS VIRGINIA BEACH, VA 23451 MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE MICHAEL, BORIS NAME NAME 18205 THIRD AVE. N STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP MINNEAPOLIS, MN 55447 ☐ Change ☐ Addition TITLE ☐ Delete TITLE SONES, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 14 LINCOLN AVE CITY-ST-ZIP MANCHESTER, MA 01944 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STEGMANN, RICHARD NAME NAME 12910 TAUTON COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TOWN & COUNTRY, MO 63131 TITLE Change ☐ Addition TITLE D Delete FUGIT, ALAN NAME NAME 8154 NW BEAMAN DR. STREET ADDRESS STREET ADDRESS KANSAS CITY, MO 64151 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 empoyeed.

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