2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State
06-02-2006 90003 037 ****61.25

DOCUMENT # 751699

1. Entity Name
SUNSET COVE CONDOMINIUM ASSOCIATION, INC.

50020414

Principal Place of Business	Mailing Address
625 N RIVER DR STUART, FL 34994	C/O BRISTOL MGMT 1930 COMMERCE LANE STE 1 JUPITER, FL 33458 US

01132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2073252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORNETT, JANES L. WACKEEN CORNETT & GOOGE 401 E OSCEOLA STREET 1ST FLR STUART, FL 34995	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCGUIRE, MARY 625 N. RIVER DRIVE #202 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DURAN, JAN 625 NORTH RIVER DRIVE #105 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHERMAN, ROGER 625 NORTH RIVER DRIVE #106 STUART, FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Sweigart 625 N River Dr # 404 Stuart, FL 34994	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KEENE, LOUISE 625 NORTH RIVER DRIVE #408 STUART, FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Herb Stennett 625 N. River Dr #105 Stuart, FL 34994	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BETTINGER, RUTH 625 NORTH RIVER DRIVE #404 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, TOM 625 N RIVER DR #403 STUART, FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Laurie Goddard 625 N. River Dr #303 Stuart, FL 34994	☐ Change ☑ Addition

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: T.D. Mary F. McGuire MARY F. McGUIRE 3/28/06 772-692-9334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #