2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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11/21/07

FILED
07 DEC 26 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751699

1. Entity Name
SUNSET COVE CONDOMINIUM ASSOCIATION, INC.

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~~

REINSTATEMENT 11022007 REIN-NP GR2E099 (1/07) 07

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	C/O JJ Personalized Mgmt Suite, Apt. #, etc. PO Box 1863
City & State	City & State Palm City, FL
Zip / Country	Zip / Country 34991 / Martin

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: Deborah Ross Street Address (P.O. Box Number is Not Acceptable): Ross, Earley Bonan, PA 759 S. Federal Highway Suite 212 City: Stuart FL Zip Code: 34994

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 _____ 11/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2008, Fee Will Be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

POSTED

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	300113403273 12/26/07--01038--002 **61.25	☐ 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	D SWEIGART, JOHN 625 B RUVER DR 404 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12/27	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STAUSKY, HARB 625 N RIVER DR 105 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Staruah, Herb	☑ 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 GODDARD, LOUISE 625 N RIVER DR 303 STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Goddard, Laurie	☑ 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: Mary F. McGuire MARY F. McGUIRE 11/19/07 772-692-9534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #