

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751879

FILED
Feb 26, 2009
Secretary of State

Entity Name: SUNSET OF FORT MYERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1925 CLIFFORD STREET
SUITE 102
FT. MYERS, FL 339013232

New Principal Place of Business:

Current Mailing Address:

1925 CLIFFORD STREET
SUITE 102
FT. MYERS, FL 339013232

New Mailing Address:

FEI Number: 59-2139172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
1925 CLIFFORD ST
102
FT MYERS, FL 33901 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: D () Delete
Name: PARKER, ROBERT
Address: 1925 CLIFFORD STREET #601
City-St-Zip: FORT MYERS, FL 33901

Title: PTD () Delete
Name: WASSERLEIN, TED J
Address: 1925 CLIFFORD STREET #1402
City-St-Zip: FORT MYERS, FL 33901

Title: SD () Delete
Name: LAKE, ALLAN
Address: 1901 CLIFFORD ST #902
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: ENDRIZAL, DANIEL J
Address: P. O. BOX 1876
City-St-Zip: FORT MYERS, FL 33902

Title: VD () Delete
Name: SERENA, SCOTT
Address: 1901 CLIFFORD STREET #501
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: ENDRIZAL III, DANIEL J
Address: P. O. BOX 1876
City-St-Zip: FORT MYERS, FL 33902

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

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: TED WASSERLEIN

PTD

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date