2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N03000004816

Entity Name: SUNDOWNER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3 SEVENTH AVENUE
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

19534 GULF BLVD
202
INDIAN SHORES, FL 337853202

New Mailing Address:

FEI Number: 56-2365053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WILLIAM F
19534 GULF BLVD
202
INDIAN SHORES, FL 33785 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: DP ( ) Delete
Name: LYONS, ROBERT E
Address: 1421 ALEXANDER WAY
City-St-Zip: CLEARWATER, FL 33756

Title: DV ( ) Delete
Name: JORDON, STEVE
Address: 1421 ALEXANDER WAY
City-St-Zip: CLEARWATER, FL 33756

Title: DST ( ) Delete
Name: WUNSCH, JERRY
Address: 1421 ALEXANDER WAY
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GORELICK, IRA
Address: 8910 NESBIT LAKES DRIVE
City-St-Zip: ALPHARETTA, GA 30022

Title: DV (X) Change ( ) Addition
Name: SPINA, CHIP
Address: 341 PRAIRIE KNOLL DRIVE
City-St-Zip: NAPERVILLE, IL 60565 41

Title: DST (X) Change ( ) Addition
Name: GORELICK, ANNETTE
Address: 8910 NESBIT LAKES DRIVE
City-St-Zip: ALPHARETTA, GA 30022

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANNETTE GORELICK DST 04/27/2005

Electronic Signature of Signing Officer or Director — Date