


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90253 026 ****61.25

DOCUMENT # N03000005301


1. Entity Name
SUNSET CAY LAKES CONDOMINIUM 1600 ASSOCIATION, INC.



Principal Place of Business
 4500 ESECUTIVE DR STE 100
 NAPLES, FL 34119

Mailing Address
 4500 ESECUTIVE DR STE 100
 NAPLES, FL 34119

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

3. Mailing Address

 MANAGEMENT SERVICES, INC.
 12734 Kenwood Lane, Suite 49
 Fort Myers, Florida 33907



04302004 Chg-NP CR2E037 (10/03)

4. FEI Number
 Applied For Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 NAPLES-LAWDOCK, INC.
 4501 TAMiami TRAIL N STE 300
 NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name Heather Tuck
 Street

 City
 MANAGEMENT SERVICES, INC.
 12734 Kenwood Lane, Suite 49
 Fort Myers, Florida 33907
 Zip Code
 ar with, and accept

8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.

SIGNATURE Heather Tuck Manager DATE 4/30/04
(Signature, typed or printed name of registered agent and job if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is **\$61.25**
 Due by **May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BURGESON, RICHARD 4500 ESECUTIVE DR STE 100 NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS COLSON, KARI 4500 ESECUTIVE DR STE 100 NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDYN, ROBERT S 4500 ESECUTIVE DR STE 100 NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Heather Tuck Manager Date 4/30/04 Daytime Phone # 239 939-2998
(Signature, typed or printed name of signing officer or director)