
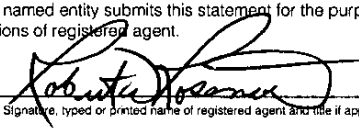
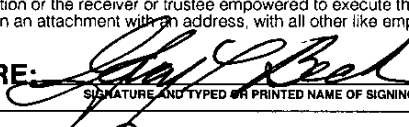


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000005301 1. Entity Name SUNSET CAY LAKES CONDOMINIUM 1600 ASSOCIATION, INC.			FILED 05 NOV 22 PM 1:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 4500 ESECUTIVE DR STE 100 NAPLES, FL 34119		Mailing Address TROPICAL ISLES MANAGEMENT SERVICES, INC 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907	
2. Principal Place of Business 834 Bald Eagle Dr. Suite, Apt. #, etc.		3. Mailing Address 834 Bald Eagle Dr. Suite, Apt. #, etc.	
City & State Marco Island, FL Zip 34145 Country USA		City & State Marco Island, FL Zip 34145 Country USA	
4. FEI Number APPLIED FOR 20-2752405		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUCK, HEATHER TROPICAL ISLES MANAGEMENT SERVICES, INC 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: Robert Rosendin Street Address (P.O. Box Number is Not Acceptable): Resort Management 834 Bald Eagle Dr. City: Marco Island FL Zip Code: 34145	
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: Nov 16, 05	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DPT NAME: BURGESSON, RICHARD STREET ADDRESS: 4500 ESECUTIVE DR STE 100 CITY-ST-ZIP: NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE: PD NAME: John Kehlmeier STREET ADDRESS: 314 Newport Dr. # 11007 CITY-ST-ZIP: Naples FL 34114 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: DVS NAME: COLSON, KARI STREET ADDRESS: 4500 ESECUTIVE DR STE 100 CITY-ST-ZIP: NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: Beverly Romeo STREET ADDRESS: 314 Newport Dr. # 11008 CITY-ST-ZIP: Naples, FL 34114 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HARDYN, ROBERT S STREET ADDRESS: 4500 ESECUTIVE DR STE 100 CITY-ST-ZIP: NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE: STS NAME: Cary Beck STREET ADDRESS: 314 Newport Dr # 11006 CITY-ST-ZIP: Naples, FL 34144 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 11/15/05 <small>Date</small>	

WSP

REINSTATEMENT 2005 WSP

152095 REIN-NE CR2E099 (6/04)

600061632446
11/22/05--01083--001 **\$61.25