

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90182 014 \*\*\*\*61.25

**DOCUMENT # N03000005301**  
 1. Entity Name  
**SUNSET CAY LAKES CONDOMINIUM 1600 ASSOCIATION, INC.**



Principal Place of Business: 834 BALD EAGLE DR. MARCO ISLAND, FL 34145  
 Mailing Address: 834 BALD EAGLE DR. MARCO ISLAND, FL 34145

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

60051000  
  
 04132006 Chg-NP CR2E037 (11/05)

4. FEI Number: 20-2752405 Applied For/Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: ROSENOW, ROBERT, 834 BALD EAGLE DR., MARCO ISLAND, FL 34145  
 7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006  
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: KEHLMEIER, JOHN STREET ADDRESS: 314 NEWPORT DR., #1607 CITY-ST-ZIP: NAPLES, FL 34114	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: ROMEO, BEVERLY STREET ADDRESS: 314 NEWPORT DR., #1608 CITY-ST-ZIP: NAPLES, FL 34114	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: BECK, GARY STREET ADDRESS: 314 NEWPORT DR., #1606 CITY-ST-ZIP: NAPLES, FL 34114	<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
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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:   
 DATE: 5/3/06  
 DAYTIME PHONE #: 231-9479847