

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N05799

Entity Name: SUNSET COVE AT CHOKOLOSKEE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

STATE ROAD 29
CHOKOLOSKEE, FL 34138 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11209
NAPLES, FL 341011209 US

New Mailing Address:

FEI Number: 65-0142134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TRAIL
NAPLES, FL 34113 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: STD () Delete
Name: NIXON, JANE
Address: P O BOX 191 HWY 29
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: PD () Delete
Name: GRILLO, VINCENT
Address: P O BOX 656 155 SMALLWOOD DR
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: VPD () Delete
Name: SPROSS, SANDRA
Address: PO BOX 714
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SPROSS, SANDRA
Address: PO BOX 714
City-St-Zip: CHOKOLOSKEE, FL 34138

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

Title: TD (X) Change () Addition
Name: MCDEVITT, CHUCK
Address: 243 PURCELL RD
City-St-Zip: FABUIS, NY 13063

Title: D () Change (X) Addition
Name: DERICKSON, CHIP
Address: PO BOX 77
City-St-Zip: TERRE HAUTE, IN 47808

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: VINCENT GRILLO

PD

04/26/2004

Electronic Signature of Signing Officer or Director

Date