

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

**FILED  
Apr 28, 2006  
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: VP ( ) Delete  
Name: ALDERTON, RON  
Address: 7010 S PINE AVE  
City-St-Zip: NEWAYGO, MI 49337

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

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

Title: D ( ) Delete  
Name: VARNADOE, GEORGE  
Address: 801 LAUREL OAK DR #300  
City-St-Zip: NAPLES, FL 34101

Title: D ( ) Delete  
Name: HILL, ANDY  
Address: STATE ROAD 29  
City-St-Zip: CHOKOLOSKEE, FL 34138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: DST (X) Change ( ) Addition  
Name: VARNADOE, GEORGE  
Address: 801 LAUREL OAK DR #300  
City-St-Zip: NAPLES, FL 34101

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date