2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05799

FILED Apr 20, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

STATE ROAD 29

CHOKOLOSKEE, FL 34138 US

Current Mailing Address: New Mailing Address:

P.O. BOX 11209
NAPLES, FL 341011209 US
COLLIER FINANCIAL, INC. 4985 TAMIAMI TRAIL E. NAPLES, FL 34113 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMIAMI TRAIL
NAPLES, FL 34113 US
HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMIAMI TRAIL
NAPLES, FL 34113 US

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: STEPHEN P. HART 04/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP () Delete Title: TSD (X) Change () Addition Name: MCDEVITT, CHUCK Name: MCDEVITT, CHUCK

 Name:
 No DEVITY, GLOCK

 Address:
 243 PURCELL RD

 City-St-Zip:
 FABUIS, NY 13063

 City-St-Zip:
 FABUIS, NY 13063

Title: PD () Delete Title: VD (X) Change () Addition

Name: GRILLO, VINCENT Name: GRILLO, VINCENT

 Address:
 P O BOX 656
 155 SMALLWOOD DR
 Address:
 P O BOX 656
 155 SMALLWOOD DR

 City-St-Zip:
 CHOKOLOSKEE, FL 34138
 City-St-Zip:
 CHOKOLOSKEE, FL 34138

Title: DST () Delete Title: PD (X) Change () Addition

Name:VARNADOE, GEORGEName:VARNADOE, GEORGEAddress:801 LAUREL OAK DR #300Address:801 LAUREL OAK DR #300

City-St-Zip: NAPLES, FL 34101 City-St-Zip: NAPLES, FL 34101

Title: D () Delete Title: VD (X) Change () Addition Name: HILL, ANDY Name: DERICKSON, CHIP

 Address:
 STATE ROAD 29
 Address:
 PO BOX 899

 City-St-Zip:
 CHOKOLOSKEE, FL 34138
 City-St-Zip:
 CHOKOLOSKEE, FL 34138

Title: VD () Change (X) Addition

 Name:
 Name:
 ROTH, WILLIAM

 Address:
 Address:
 6348 NW 30TH AVE

 City-St-Zip:
 City-St-Zip:
 BOCA RATON, FL 33496

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: GEORGE VARNARDOE PD 04/20/2007