

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05799

FILED
Apr 15, 2009
Secretary of State

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:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 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: DV () Delete
Name: MCDEVITT, CHUCK
Address: 243 PURCELL RD
City-St-Zip: FABUIS, NY 13063

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

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

Title: D () Delete
Name: KRAYSLE, STEPHEN
Address: PO BOX 609
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D () Delete
Name: ROTH, WILLIAM
Address: 6348 NW 30TH AVE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 VARNADOE

PD

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date