


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90296 006 \*\*\*\*61.25

**DOCUMENT # N94000004978**

1. Entity Name  
**SUNSTONE ASSOCIATION, INC.**



Principal Place of Business  
**C/O STOCK COMMUNITY SERVICES, LLC**  
**5692 STRAND COURT**  
**NAPLES, FL 34110 US**

Mailing Address  
**C/O STOCK COMMUNITY SERVICES, LLC**  
**5692 STRAND COURT**  
**NAPLES, FL 34110 US**

2. Principal Place of Business  
**C/O STOCK PROPERTY MANAGEMENT**  
 Suite, Apt. #, etc.  
**4501 TAMAMI TRAIL N # 300**

3. Mailing Address  
**C/O STOCK PROPERTY MANAGEMENT**  
 Suite, Apt. #, etc.  
**4501 TAMAMI TRAIL N # 300**

City & State  
**NAPLES, FL**


City & State  
**NAPLES, FL**

Zip  
**34103**

Country  
**USA**

Zip  
**34103**

Country  
**USA**



03172005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0602042**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STOCK COMMUNITY SERVICES, LLC**  
**5692 STRAND COURT**  
**NAPLES, FL 34110**

7. Name and Address of New Registered Agent

Name  
**STOCK PROPERTY MANAGEMENT**

Street Address (P.O. Box Number is Not Acceptable)  
**4501 TAMAMI TRAIL N**

**STE 300**

City  
**NAPLES**

FL Zip Code  
**34103**

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 *Sheryl L. Hilburn* (NOTE: Registered Agent signature required when reinstating) DATE **4-5-05**

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, JAMES E 4970 DEERFIELD WAY, #204 NAPLES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FELDEN, VIKI 3838 TAMAMI TRAIL NORTH NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARVILLA, JOEL W P.O. BOX 2086 MARCO ISLAND, FL 34146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAULDSWORTH, SANDY 5692 STRAND COURT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD WEBER 9190 MICHAEL CR #1 NAPLES, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ELIZABETH KEISE 9035 MICHAEL CR #6 NAPLES, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BARBARA KOSTER 9050 MICHAEL CR #1 NAPLES, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Barbara E Koster* **Barbara E Koster** 4-8-05 239-261-1699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #