2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9400004978 1. Entity Name SUNSTONE ASSOCIATION, INC.						04-20-2005 9	90296 006 ****	51.25	
Principal Place of Business C/O STOCK COMMUNITY SERVICES, LLC 5692 STRAND COURT NAPLES, FL 34110 US Mailing Address C/O STOCK COMMUNITY SERVICE 5692 STRAND COURT NAPLES, FL 34110 US NAPLES, FL 34110 US						:	######################################		
2. Principal Place of Business CO STOCK PROPERTY MANAGEMENT Suite, Apt. #, etc. Suite, Apt. #, etc.					V <i>T</i> 03172005	Cha-NP	CR2E037 (10/0		
City & Stat		4501 TAMMMIT	RAIL N	<u> 300</u>	4. FEI Numbe			Applied For	
NAPLES	Country	NAPLES, FO	Country		65-0602	of Status Desired	\$8.75	Not Applicable Additional	
34103	6. Name and Address of Current F	34103	USA				Fee Red	quired	
Name Constant Manager									
0002 0110 110 000111				Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, FL 34110				4501 TAMIAMI TRAIL N STE 300					
				APL		· · · · · · · · · · · · · · · · · · ·	FL Zig	Code 4,03	
	named entity submits this statement for	the purpose of changing its	egistered office o	r register	ed agent, or bot	h, in the State of F			
the obligations of registered agent.									
SIGNATURE Signature, typed or prices name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)		DATE		
				ture required				ele to	
	Signature, typed or project name of registered agent at Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Co	palgn Financing		\$5.00 May B Added to Fees	Flo	Make check payat orida Department (of State	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR	9. Election Cam Trust Fund Co	palgn Financing		\$5.00 May B Added to Fees	Flo	Make check payab orida Department (ERS AND DIRECTOR	S IN 10	
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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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Barbana E Kostr. 4-8-05

239-261-1699

Daytime Phone #