

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004978

FILED
Mar 07, 2006
Secretary of State

Entity Name: SUNSTONE ASSOCIATION, INC.

Current Principal Place of Business:

C/O STOCK COMMUNITY SERVICES, LLC
4501 TAMIAMI TR N #300
NAPLES, FL 34103 US

New Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Current Mailing Address:

C/O STOCK COMMUNITY SERVICES, LLC
4501 TAMIAMI TR N #300
NAPLES, FL 34103 US

New Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

FEI Number: 65-0602042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCK COMMUNITY SERVICES, LLC
4501 TAMIAMI TR N
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

NEWELL, WILLIAM A AGENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 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: WILLIAM A NEWELL, AGENT

03/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: WEBER, RICHARD
Address: 9190 MICHAEL CR #1
City-St-Zip: NAPLES, FL 34113

Title: VPT () Delete
Name: KEYSE, ELIZABETH
Address: 935 MICHAEL CR #6
City-St-Zip: NAPLES, FL 34113 US

Title: VPS () Delete
Name: KOSTER, BARBARA
Address: 9060 MICHAEL CR #1
City-St-Zip: NAPLES, FL 34113

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: KEYSE, ELIZABETH
Address: 935 MICHAEL CR #6
City-St-Zip: NAPLES, FL 34113 US

Title: VD (X) Change () Addition
Name: KOSTER, BARBARA
Address: 9060 MICHAEL CR #1
City-St-Zip: NAPLES, FL 34113

Title: VSD () Change (X) Addition
Name: WHEELER, JOHN
Address: 9128 MICHAEL CIRCLE
City-St-Zip: NAPLES, FL 34113

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: BARBARA KOSTER

VD

03/07/2006

Electronic Signature of Signing Officer or Director

Date