# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2005 8:00 am**
**Secretary of State**
04-19-2005 90375 027 ****61.25

DOCUMENT # N95000002970

1. Entity Name
SUNSET CAY VILLAS II CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 834 BALD EAGLE DR<br>MARCO ISLAND, FL 34145 US | 834 BALD EAGLE DR<br>MARCO ISLAND, FL 34145 US |

03302005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0650353 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

GRUESEL, JAMIE
1104 N COLLIER BLVD
MARCO ISLAND, FL 34145

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>CADE, JOANNE<br>230 NEWPORT DR., #606<br>NAPLES, FL 34114 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Cathy Weiss<br>2016 Newport Dr #803<br>Naples FL 34114 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GILBERT, RONALD<br>242 NEWPORT DR., #507<br>NAPLES, FL 34114 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>Bill Raldus<br>242 Newport Dr #2<br>Naples FL 34114 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCCOLLISTER, JOHN<br>206 NEWPORT DR., #812<br>NAPLES, FL 34114 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RICHARDSON, DAREL<br>206 NEWPORT DR., #802<br>NAPLES, FL 34114 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Cade, Joanne<br>230 Newport Dr #1606<br>Naples FL 34114 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Benson, Bruce<br>242 Newport Dr #509<br>Naples, FL 34114 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Joanne M. Cade 5/8/05 239-642-8906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #