

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90172 029 ****61.25

DOCUMENT # N95000002970 1. Entity Name SUNSET CAY VILLAS II CONDOMINIUM ASSOCIATION, INC.	
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40069396



Principal Place of Business 834 BALD EAGLE DR MARCO ISLAND, FL 34145 US	Mailing Address 834 BALD EAGLE DR MARCO ISLAND, FL 34145 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04132006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0650353	Applied For ☐ Not Applicable
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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	SD WEISS, CATHY 206 NEWPORT DR, # 803 NAPLES, FL 34114 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PALDUS, BILL 242 NEWPORT DR, # 2 NAPLES, FL 34114 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCOLLISTER, JOHN 206 NEWPORT DR., #12 NAPLES, FL 34114 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CADE, LOANNE 230 NEWPORT DR, # 606 NAPLES, FL 34114 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSON, BRUCE 242 NEWPORT DR, # 509 NAPLES, FL 34114 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Weiss, Cathy ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Baldus, Bill ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Wood, Donald 2106 Kirkland Dr. Auburn, AL 36832 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kiviranna, Kiv 230 Newport Dr. #610 Naples, FL 34114 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Benson, Bruce ☒ Change ☐ Addition
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 exemptions contained 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 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: Cathy Weiss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06
Date Daytime Phone #