FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90233 048 ****61.25

11016603

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002970

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

Principal Place of Business	Mailing Address
303 FILLMORE ST NAPLES, FL 34104 US	303 FILLMORE ST NAPLES, FL 34104 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
834 Bald Eagle Dr.	834 Bald Eagle Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marco Island, FL	City & State: Marco Island, FL
Zip: 34145 Country: USA	Zip: 34145 Country: USA

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	7. Name and Address of New Registered Agent
ADKINS, WILLIAM H 303 FILLMORE ST NAPLES, FL 34104	Name: Jamie Gruesel Street Address (P.O. Box Number is Not Acceptable): 1104 N. Collier Blvd City: Marco Island FL Zip Code: 34145

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: Jamie B Gruesel Jamie B Gruesel 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	SD CADE, JOANNE 230 NEWPORT DRIVE #606 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GILBERT, RONALD 242 NEWPORT DR., #507 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEIS, THOMAS 206 NEWPORT DR., #303 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WOOD, DONALD 230 NEWPORT DR., #605 NAPLES, FL 34114	X ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD McCallister, John 206 Newport Dr #612 Naples, FL 34114	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, GILBERT 230 NEWPORT DR #602 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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