2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000391

FILED Mar 17, 2009 Secretary of State

Entity Name: SUNSET CAY VILLAS III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 834 BALD EAGLE DR 194 NEWPORT DRIVE MARCO ISLAND, FL 34145 NAPLES, FL 34114 US **Current Mailing Address: New Mailing Address:** 834 BALD EAGLE DR P.O. BOX 362 MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34146 US FEI Number: 65-0705746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRUESEL, JAMIE 1104 N. CÓLLIER BLVD. MARCO ISLAND, FL 34145 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KRONGARD, SUSAN BABB, PETER Name: Name: P.O. BOX 157, 46440 W. JACKSON LAKE LN Address: 218 NEWPORT DRIVE # 707 Address: City-St-Zip: CABLE, WI 54821 City-St-Zip: NAPLES, FL 34114 Title: () Delete Title: (X) Change () Addition WARREN, RICHARD Name: MASON, LYNN Name: Address: 137 W JEFFERSON ST Address: 218 NEWPORT DRIVE # 701 City-St-Zip: LOUISVILLE, KY 40202 City-St-Zip: NAPLES, FL 34114 () Delete Title: Title: (X) Change () Addition BIRONA, JOE BIVONA, JOE Name: Name: Address: 47 BAY RD Address: 47 BAY RD City-St-Zip: EAST HAMPTON, CT 06424 EAST HAMPTON, CT 06424 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BARTELT, ALAN Name: 194 NEWPORT DR., #902 Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: () Delete Title: () Change () Addition PEMBERTON, JAMES Name: Name: 7334 IRONWOOD DR. Address: Address: City-St-Zip: SWARTZ CREEK, MI 48473 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOE BIVONA T 03/17/2009