

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000391

Entity Name: SUNSET CAY VILLAS III CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**194 NEWPORT DRIVE
NAPLES, FL 34114**Current Mailing Address:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR SOUTH SUITE 215
NAPLES, FL 34104 US**FEI Number:** 65-0705746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
4001 TAMIAMI TRAIL NORTH, SUITE 410
NAPLES, FL 34103 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**Officer/Director Detail :**

Title	PRESIDENT
Name	FENN, BRUCE
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	TREASURER
Name	MARSH, JOHN
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	VP
Name	AUMAN, ROBERT
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	HUFFMAN, MATTEW
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	SECRETARY
Name	PEMBERTON, JAMES
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

I hereby 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 all other like empowered.

SIGNATURE: BRUCE FENN**PRESIDENT****04/16/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date