2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719151

FILED Mar 30, 2009 Secretary of State

Entity Name: SUNSET HOUSE NORTH APARTMENTS OF MARCO ISLAND, INC.

Current Principal Place of Business: New Principal Place of Business:

240 SEAVIEW COURT MARCO ISLAND, FL 34145

Current Mailing Address: New Mailing Address:

240 SEAVIEW COURT MARCO ISLAND, FL 34145

FEI Number: 59-1318900 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:

NAGELHOUT, GREGG S 240 SEAVIEW CT. 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition HUGHES, BETTY HUIZINGH, TOM Name: Name: 7944 PENINSULA DR. Address: 2199 W. GREENSTONE DR. SE Address: City-St-Zip: TRAVERSE CITY, MI 49686 City-St-Zip: GRAND RAPIDS, MI 49546

Title: () Delete Title: D (X) Change () Addition

HUIZINGH, TOM Name: WYLIE, BOB Name:

Address: 2199 W. GREENSTONE DR. SE Address: 240 SEAVIEW CT. #616 City-St-Zip: GRAND RAPIDS, MI 49546 City-St-Zip: MARCO ISLAND, FL 34145

Title: () Delete Title: () Change () Addition

PHILLIPS, TOM Name: Name: 240 SEAVIEW CT. Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: HEKMAN, DOUG Name: DESTIGTER, ELAINE 494 TIMBERLAKE WEST 500 OVERBROOK LANE SE Address: Address: City-St-Zip: HOLLAND, MI 49424 City-St-Zip: GRAND RAPIDS, MI 49507

Title: () Delete Title: (X) Change () Addition

STEGENGA, RAY STEGENGA, RAY Name: Name: 1037 STERLING CT. 1037 STERLING CT. Address: Address: CROWN POINT, IN 46307 City-St-Zip: City-St-Zip: CROWN POINT, IN 46307

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: TOM PHILLIPS S 03/30/2009