

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90195 004 ****61.25

DOCUMENT # 727384					
1. Entity Name SUNNY SHADOWS CONDOMINIUM, INC.					
Principal Place of Business 910 HURON CT MARCO ISLAND, FL 34146 US			Mailing Address PO BOX 391 MARCO ISLAND, FL 34146 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RESORT MANAGEMENT 834 BALD EAGLE DRIVE APT 103 MARCO ISLAND, FL 33937				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWITT, GLORIA			NAME	
STREET ADDRESS	110 MAIN STREET			STREET ADDRESS	
CITY-ST-ZIP	RAYMOND, NH 03077			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, JIM			NAME	
STREET ADDRESS	1506 STATE STREET			STREET ADDRESS	
CITY-ST-ZIP	DELAN, WI 53115			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEINHOFER, PAUL			NAME	
STREET ADDRESS	910 HURON CT., #201			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNEGAN, CHARLOTTE			NAME	
STREET ADDRESS	910 HURON CT 303			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALGER, DOUG			NAME	
STREET ADDRESS	910 HURON CT., #PH2			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>James F. McLaughlin</i>		Date: 4/14/07		Daytime Phone #: 739-399-230	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					