

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727384

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** SUNNY SHADOWS CONDOMINIUM, INC.

**Current Principal Place of Business:**

910 HURON CT  
MARCO ISLAND, FL 34145 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 391  
MARCO ISLAND, FL 34146 US

**New Mailing Address:**

815 BALD EAGLE DRIVE  
SUITE 201  
MARCO ISLAND, FL 34145 US

**FEI Number:** 59-1506834      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESORT MANAGEMENT  
834 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

RESORT MANAGEMENT  
815 BALD EAGLE DRIVE  
SUITE 201  
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

03/15/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: KELNHOFER, PAUL  
Address: 953 NORTH BAYSHORE DRIVE  
City-St-Zip: SISTER BAY, WI 54234

Title: T  
Name: MCLAUGHLIN, JAMES  
Address: 1506 STATE STREE  
City-St-Zip: DELAVAN, WI 53115

Title: VD  
Name: THOMPSON, KAREN  
Address: 910 HURON COURT #202  
City-St-Zip: MARCO ISLAND, FL 34145

Title: P  
Name: ALGER, DOUG  
Address: 910 HURON CT., #PH2  
City-St-Zip: MARCO ISLAND, FL 34145

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: DOUG ALGER

P

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date