


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 738875

1. Entity Name
SUNSET SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1341 MIDDLE GULF DR. SANIBEL, FL 33957-4618	Mailing Address 1341 MIDDLE GULF DR. SANIBEL, FL 33957-4618
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01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1444738	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**OWENS, DAVID A.
 C/O ISLAND FINANCIAL
 695 TARPON BAY RD #5
 SANIBEL, FL 33957**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000094271
 03/22/04-80053-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HENDRICKSON, RODNEY 1341 MIDDLE GULF DR 11-D SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, JOHN 1340 MIDDLE GULF DR 7-D SANIBEL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PAULSON, RICHARD 1341 MIDDLE GULF DRIVE 4D SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, ELMER 1340 MIDDLE GULF DR 6-D SANIBEL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSE, HELEN 1341 MIDDLE GULF DR 3-B SANIBEL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT OWENS, DAVID A 685 TARPON BAY RD #5 SANIBEL, FL

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 175.07(3)(b), 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: *DAVID A OWENS ASST TREAS* **3/19/04** **239-472-1439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #