
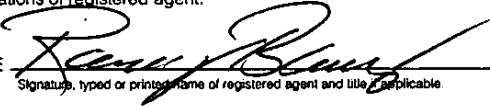


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90036 006 ****61.25

DOCUMENT # 742159 1. Entity Name SUNSET CAPTIVA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 14970 CAPTIVA DRIVE CAPTIVA ISLAND, FL 33924 US			Mailing Address POST OFFICE BOX 189 CAPTIVA ISLAND, FL 33924		
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	4. FEI Number 59-2055236	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYAL SHELL PROPERTY MANAGEMENT, INC. 1200 PERIWINKLE WAY SUITE #3 SANIBEL ISLAND, FL 33957			7. Name and Address of New Registered Agent Name Same - Royal Shell Property Management Street Address (P.O. Box Number is Not Acceptable) 1547 Periwinkle Way City Sanibel FL Zip Code 33957		
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.</small>			DATE 3-13-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	VD ADLER, ROBERT 3745 MCKINLEY STREET NW WASHINGTON, DC 20015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADLER Robert 3745 McKinley St NW Washington, DC 20015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STD KRAMER, RON 42 ELGIN AVE TORONTO, ONTARIO, CANADA MSR	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Kramer, Ron 42 Elgin Ave Toronto, Ontario, Canada MSR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD D FENNIMAN, BILL 16 HARCOURT ST BOSTON, MA 02116	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fenniman, Bill 16 Harcourt St Boston, Ma 02116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEGMANN, RICHARD 12910 TAUTON COURT TOWN & COUNTRY, MO 63131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VINSON, BOB 112 84TH ST., UNIT B VIRGINIA BEACH, VA 23451	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tenson, John 15128 SANDPIPER CT CAPTIVA, FL 33924	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD D GINNY, REISS 25181 VILLAGE CIR GOLDEN, CO 80401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reiss, Ginny 25181 Village Cir Golden, Co 80401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 