2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# 744372

Entity Name: SUNDIAL EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1401 MIDDLE GULF DR.
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

1401 MIDDLE GULF DR.
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 59-1976653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULDRUM, KATHLEEN M
1401 MIDDLE GULF DRIVE
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	KING, JAMES,	
Address:	24 CEDAR PLACE	
City-St-Zip:	DURANT, FL 33530	
Title:	VPD	( ) Delete
Name:	CARMINE, RENDE	
Address:	1401 MIDDLE GLUF DR #S-403	
City-St-Zip:	SANIBEL, FL 33957	
Title:	PD	( ) Delete
Name:	CONLEY, THOMAS,	
Address:	1739 MILLSTREAM	
City-St-Zip:	CHESTERFIELD, MO 63017	
Title:	TD	( ) Delete
Name:	BAHN, MARY,	
Address:	5075 JOEWOOD DR.	
City-St-Zip:	SANIBEL, FL 339578	
Title:	SD	( ) Delete
Name:	CAMPBELL, JACK	
Address:	1401 MIDDLE GULF DR, Q 406	
City-St-Zip:	SANIBEL, FL 33957	
Title:	AST	( ) Delete
Name:	HULDRUM, KATHLEEN,	
Address:	16090 BENTWOOD PALMS DR	
City-St-Zip:	FORT MYERS, FL 33908	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VPD	(X) Change ( ) Addition
Name:	KING, JAMES,	
Address:	24 CEDAR PLACE	
City-St-Zip:	GARDEN CITY, NY 11530	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS CONLEY PD 04/09/2007

Electronic Signature of Signing Officer or Director — Date