## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 744851**

FILED Apr 04, 2008 Secretary of State

Entity Name: THE SUN CAPER CONDOMINIUM ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
	ERO BLVD S BCH., FL 33931 US	
Current N	lailing Address:	New Mailing Address:
	N CARLOS BLVD #8 S, FL 33908 US	
FEI Number	: 59-1998724 FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Age	ent: Name and Address of New Registered Agent:
15751 SAN	OR & ASSOC INC N CARLOS BLVD #8 S, FL 33908 US	
	e named entity submits this statement fo e of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATUI		
	Electronic Signature of Register	ed Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P ( ) Delete BELOM, TERRY 7930 ESTERO BLVD #309 FT MYERS BEACH, FL 33931	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title:	D ( ) Delete COOPER, LEROY C JR	Title: ( ) Change ( ) Addition
Address:	WESTAMERICA MRG CO 600 HOLIDAY PL MATTESON, IL 60443	Name:
Address: City-St-Zip: Title: Name: Address:	WESTAMERICA MRG CO 600 HOLIDAY PL	Name: AZ DR#205 Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WESTAMERICA MRG CO 600 HOLIDAY PL MATTESON, IL 60443  VP ( ) Delete SPOERL, JOHN PO BOX 962 PERRYSBURT OH, IN 43552  S ( ) Delete PECK, AARON 1711 BRIARIDGE LANE	Name: AZ DR#205 Address: City-St-Zip:  Title: Name: Name: Address:
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	WESTAMERICA MRG CO 600 HOLIDAY PL MATTESON, IL 60443  VP ( ) Delete SPOERL, JOHN PO BOX 962 PERRYSBURT OH, IN 43552  S ( ) Delete PECK, AARON 1711 BRIARIDGE LANE	Name: AZ DR#205  Address: City-St-Zip:  Title: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify 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: C.R. MIDDLETON MGR 04/04/2008