

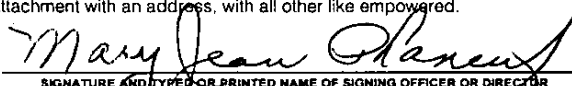


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90172 021 \*\*\*\*61.25

<b>DOCUMENT # 748102</b> 1. Entity Name <b>SUN CASTLE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PROFESSIONALLY YOURS INC</b> <b>1342 SE 46TH LANE #3</b> <b>CAPE CORAL, FL 33904 US</b>			Mailing Address <b>% PROFESSIONALLY YOURS, INC.</b> <b>P O BOX 100831</b> <b>CAPE CORAL, FL 33910 US</b>		
2. Principal Place of Business <b>2517 Santa Barbara Blvd.</b>		3. Mailing Address <b>Suite, Apt. #, etc. #11</b>			
City & State <b>Cape Coral FL</b>		City & State <b>Cape Coral FL</b>		4. FEI Number <b>65-0188871</b>	
Zip <b>33914</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TEAGUE, GEORGE</b> <b>% PROFESSIONALLY YOURS, INC.</b>  <b>2517 Santa Barbara Blvd., #11</b> <b>Cape Coral, FL 33904</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code	
I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SANTANA, RAPHAEL</b> <b>14027 CLYDESDALE RUN LANE</b> <b>VICTORVILLE, CA 92394</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD</b> <b>MILES, CAROL</b> <b>P O BOX 100831</b> <b>CAPE CORAL, FL 33910</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>RUDOW, SARA</b> <b>906 SE 46TH STREET # 203</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Mary Jean Phaneuf</b> <b>906 SE 46 ST. #101</b> <b>Cape Coral, FL 33904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/28/06</b> Daytime Phone #					