

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90020 023 \*\*\*\*61.25

<b>DOCUMENT # 750391</b>	
1. Entity Name <b>SUNSET BAY CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>9362 GULF SHORE DR 202 NAPLES FL 34108 US</b>	Mailing Address <b>9362 GULF SHORE DR 202 NAPLES FL 34108 US</b>
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2. Principal Place of Business - No P.O. Box # <b>9375 GULF SHORE DR.</b>	3. Mailing Address <b>9375 GULF SHORE DR.</b>
Suite, Apt. #, etc. <b>#202</b>	Suite, Apt. #, etc. <b>#202</b>

City & State <b>NAPLES, FL.</b>	City & State <b>NAPLES, FL.</b>
Zip <b>34108</b>	Country <b>US</b>

4. FEI Number <b>59-2514054</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FALK, STEVEN 850 PARK SHORE DR NAPLES FL 34103</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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	(NOTE: Registered Agent signature required when constituting)	DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KACEK, DON 5 AUGUSTA CT LAKE IN THE HILLS IL 60156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SALTER, LARRY 115 LOOMIS LN CENTERVILLE MA 02632 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWEINBACH, LOTHAR 9488 GULF SHORE DR. UNIT 101 NAPLES FL 34108 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENNIE, CHERYL R.R. # 1 BOX 131 GRANVILLE IL 61326 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD OSTAPCHUK, WALTER 2434 #1 SIDEROAD RR # 1 BURLINGTON, ONTARIO CA 17r- 3x4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKIE Bammel 9496 GULF SHORE DR. UNIT 301 NAPLES, FL. 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Section 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: <b>Don J Kacek</b>	4-10-07	239-594-0588
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #