


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90033 009 ****61.25

DOCUMENT # 751455 1. Entity Name SUNDOWN COLONY, INC.					
Principal Place of Business P O BOX 1646 BOCA GRANDE, FL 33921			Mailing Address P O BOX 1646 BOCA GRANDE, FL 33921		
2. Principal Place of Business - No P.O. Box # 420 GULF BLVD		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-2168605		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MASUCCI, ROBERT N 420 GULF BLVD UNIT 19 BOCA GRANDE, FL 33950			7. Name and Address of New Registered Agent Name Brian Cartland Street Address (P.O. Box Number is Not Acceptable) 504 North Indiana Avenue City Englewood FL Zip Code 34223		
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 <u><i>Brian Cartland, CAM</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD RUNCK, RENO 5640 BELMONT AVE. CINCINANTI, OH 45224	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRETT, ROGER 640 BEDFORD LANE GROSSE POINTE, MI 48230	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEADINGTON, DAN 4 BROOKSIDE PARK GREENWICH, CT	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARTEN, SHERRI 420 GULF BLVD P.O. BOX 1306 BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASUCCI, ROBERT N 420 GULF BLVD BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, THOMAS 4823 BASE POINT ROAD ORLANDO, FL 32820	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLIF FERGUSON 4999 Mearlduring Creek Belmont MI 49306	<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			
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: <u><i>Robert N Masucci</i></u> TRUST 4/26/07 941-964-0082 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					