## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 09, 2006 8:00 am Secretary of State DOCUMENT # 752809 03-09-2006 90150 015 \*\*\*\*61.25 1. Entity Name SUNSET TOWERS CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 11 SUNSET DRIVE, #105 9031 TOWN CENTER PARKWAY SARASOTA, FL 34236 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chq-NP CR2E037 (11/05) 4. FEI Number 59-2131297 City & State Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - -5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7031 TOWN CENTER PARKWAY BRADENTON, FL 34202 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. **Addition** TITLE Delete Delete TITLE DWIGHT HOOVER 11 Survey DX # 203 Saranofa \$P 34236 PAPA, BARBARA NAME NAME 11 SUNSET DR. #904 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Addition BULMASH, PATRICIA PATRICIA BULMASH NAME NAME 11 SUNSET DR #107 STREET ADDRESS 11 Screet DK. #107 Screent FC 34236 STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP CITY-ST-ZIP DVP-TITLE -- 🔄 Change — —**反**f∙Addition ORDONEZ, AL MCPETERS NAME NAME Weinset 182# 607 Sarasota FE 34236 11 SUNSET DR. #302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP

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CITY-ST-ZIP 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 that acceiver 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.

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WHALEN, C.

11 SUNSET DR. #301

SARASOTA, FL 34236

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR