


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90101 010 \*\*\*\*61.25

<b>DOCUMENT # 755926</b>		
1. Entity Name SUNSET CAPTIVA CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business P.O. BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924 US	Mailing Address P.O. BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40004411



01032007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2263572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 \_\_\_\_\_  
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 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	STD <input type="checkbox"/> Delete
NAME	SHERLOCK, SUE
STREET ADDRESS	7019 HILLCREEK LANE
CITY-STATE-ZIP	GATES MILLS, OH 44040
TITLE	<del>VP</del> <input checked="" type="checkbox"/> Delete
NAME	<del>MORE, GEORGE</del>
STREET ADDRESS	<del>6105 HUNTERS TRAIL</del>
CITY-STATE-ZIP	<del>CINCINNATI, OH 45243</del>
TITLE	PD <input type="checkbox"/> Delete
NAME	MASON, JOSEPH
STREET ADDRESS	P.O. BOX 87
CITY-STATE-ZIP	CAPTIVA, FL 33924
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERLOCK, SUE
STREET ADDRESS	472 SHORE RD, P.O. BOX 435
CITY-STATE-ZIP	N. TRURO, MA 02652
TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICE FITZGERALD
STREET ADDRESS	1600 PRINCE ST. SUITE 109
CITY-STATE-ZIP	ALEXANDRIA, VA 22314
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 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: Betsy H. Decker 1-12-06 1-12-07 231-472-9506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #