

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90028 037 ****61.25

DOCUMENT # 755926

1. Entity Name
SUNSET CAPTIVA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**14970 CAPTIVA DR
CAPTIVA, FL 33924 US**

Mailing Address
**PO BOX 189
CAPTIVA, FL 33924**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2263572

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Royal
**SUNSET SHELL VACATIONS, INC.
2000 PERIWINKLE WAY SUITE 3
SANIBEL, FL 33957**
1547 Periwinkle way

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	P	<input type="checkbox"/> Delete
NAME	SHERLOCK, SUE	
STREET ADDRESS	472 SHORE RD, PO BOX 435	
CITY-ST-ZIP	NORTH TRURO, MA 02652	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MASON, JOSEPH	
STREET ADDRESS	P.O. BOX 87	
CITY-ST-ZIP	CAPTIVA, FL 33924	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FITZGERALD, ALICE	
STREET ADDRESS	1600 PRINCE ST STE 109	
CITY-ST-ZIP	ALEXANDRIA, VA 22314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marion M. Sherlock* *president* *2-26-2008*