


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 757515
 1. Entity Name
SUNSET VIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % BARBARA MCDERMOTT 35 SANDDOLLAR LN. ENGLEWOOD, FL 34223 US	Mailing Address % BARBARA MCDERMOTT 900 LEMON BAY DR. VENICE, FL 34293 US
---	--

DO NOT WRITE IN THIS SPACE



05022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0100208	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
 MCDERMONT, BARBARA
 900 LEMON BAY DR
 VENICE, FL 34293

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE: _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SINGLER, GAIL A 1681 TONYA TRAIL NEENAH, WI 54956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOJAN, JAY 21103 W BRANDON RD KILDEER, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BOJAN, CATHERINE 21103 W BRANDON RD LAKE ZURICH, IL 60047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETT, LEE 7453 MCDONALD CHEBOYGAN, MI 49721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000157531
 05/06/04-80033-012 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gail Singler **GAIL SINGLER** 5/1/04 941 475 0443
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #