


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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



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



04112006 No Chg-NP CR2E037 (11/05)

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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

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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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	SINGLER, GAIL A
STREET ADDRESS	1681 TONYA TRAIL
CITY-ST-ZIP	NEENAH, WI 54956
TITLE	DP
NAME	BOJAN, JAY
STREET ADDRESS	3155 CEDAR HEIGHTS DRIVE
CITY-ST-ZIP	COLORADO SPRINGS, CO 80904
TITLE	DTS
NAME	BOJAN, CATHERINE
STREET ADDRESS	3155 CEDAR HEIGHTS DRIVE
CITY-ST-ZIP	COLORADO SPRINGS, CO 80904
TITLE	D
NAME	KENNETT, LEE
STREET ADDRESS	7453 MCDONALD
CITY-ST-ZIP	CHEBOYGAN, MI 49721
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/28/06-80008-002 61.25

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gail A. Singler GAIL SINGLER 4/12/06 941-492-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR City or Phone #