


**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 % 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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 3155 CEDAR HEIGHTS DRIVE COLORADO SPRINGS, CO 80904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BOJAN, CATHERINE 3155 CEDAR HEIGHTS DRIVE COLORADO SPRINGS, CO 80904	
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		
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: <u>Gail A. Singler</u> GAIL SINGLER 4/12/06 941-492-5050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0100208	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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04/28/06-80008-002 61.25

**DO NOT WRITE
IN THIS SPACE**