2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT #757515** 04-30-2007 90860 003 ****61.25 1. Entity Name SUNSET VIEW CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 60045874 % BARBARA MCDERMOTT % BARBARA MCDERMOTT 900 LEMON BAY DR. 35 SANDDOLLAR LN. ENGLEWOOD, FL 34223 VENICE, FL 34293 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04272007 Chq-NP CR2E037 (12/06) City & State Applied For City & State FEI Number 65-0100208 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDERMONT, BARBARA Street Address (P.O. Box Number is Not Acceptable) 900 LENON BAY DR VENICE, FL 34293 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DVP TITLE TETLE DVP ע Delete Change Change ☐ Addition BRUCE BROCKETT NAME SINGLER, GAIL A NAME 1681 TONYA TRAIL 1681 TONYA TRAIL NEENAH WI 54 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEENAH, WI 54956** CITY-ST-ZIP 54956 DΡ TITLE ☐ Delete TITLE Change ☐ Addition NAME BOJAN, JAY NAME 3155 CEDAR HEIGHTS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLORADO SPRINGS, CO 80904 CITY-ST-ZIP DTS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BOJAN, CATHERINE NAME 3155 CEDAR HEIGHTS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLORADO SPRINGS, CO 80904 CITY-ST-ZIP TITLE ☐ Delete IIII F Change ☐ Addition KENNETT, LEE NAME NAME STREET ADDRESS 7453 MCDONALD STREET ADDRESS CHY-ST-ZIF CHEBOYGAN, MI 49721 CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

BRUCE BROCKETT

FILED