


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90255 012 \*\*\*\*61.25

<b>DOCUMENT # 757515</b>					
1. Entity Name <b>SUNSET VIEW CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>% BARBARA MCDERMOTT 35 SANDDOLLAR LN. ENGLEWOOD, FL 34223 US</b>			Mailing Address <b>% BARBARA MCDERMOTT 900 LEMON BAY DR. VENICE, FL 34293 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0100208</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCDERMONT, BARBARA 900 LENON BAY DR VENICE, FL 34293</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCKETT, BRUCE		NAME	Joseph Fricano	
STREET ADDRESS	1681 TONYA TRAIL		STREET ADDRESS	35B Sanddollar Lane	
CITY-ST-ZIP	NEENAH, WI 54956		CITY-ST-ZIP	Englewood Fl. 34223	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOJAN, JAY		NAME		
STREET ADDRESS	3155 CEDAR HEIGHTS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COLORADO SPRINGS, CO 80904		CITY-ST-ZIP		
TITLE	DTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOJAN, CATHERINE		NAME		
STREET ADDRESS	3155 CEDAR HEIGHTS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	COLORADO SPRINGS, CO 80904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETT, LEE		NAME		
STREET ADDRESS	7453 MCDONALD		STREET ADDRESS		
CITY-ST-ZIP	CHEBOYGAN, MI 49721		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Joseph Fricano</i>		JOSEPH FRICANO V.P.		4/30/08 941 492-5050	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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