

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757515

FILED
Apr 13, 2009
Secretary of State

Entity Name: SUNSET VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% BARBARA MCDERMOTT
35 SANDDOLLAR LN.
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

% BARBARA MCDERMOTT
900 LEMON BAY DR.
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 65-0100208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDERMONT, BARBARA
900 LEMON BAY DR
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOJAN, JAY
Address: 3155 CEDAR HEIGHTS DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80904

Title: DTS () Delete
Name: BOJAN, CATHERINE
Address: 3155 CEDAR HEIGHTS DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80904

Title: D () Delete
Name: KENNETT, LEE
Address: 7453 MCDONALD
City-St-Zip: CHEBOYGAN, MI 49721

Title: DVP () Delete
Name: FRICANO, JOSEPH
Address: 35 B SANDDOLLAR LANE
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH FRICANO

DVP

04/13/2009

Electronic Signature of Signing Officer or Director

Date