2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90275 018 ****61.25

| DOCUMENT # N0000001895 1. Entity Name SUNSET CAY VILLAS IX CONDOMINIUM ASSOCIATION, INC. | | | 04-30-2004 90275 018 ****61.25 |
|--|--|---|--|
| Principal Place of Business Mailing Address 12734 KENWOOD LANE 12734 KENWOOD LANE STE 49 STE 49 FORT MYERS, FL 33907 US FORT MYERS, FL 33907 U | | | |
| 2. Principal Place of Business 3. Mailing Address | | · · · · · · · · · · · · · · · · · · · | 94076783 |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 04132004 Chg-NP CR2E037 (10/03) |
| City & State | City & State | | 4. FEI Number Applied For 65-0865523 Not Applicable |
| Zip Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| 6. Name and Address of Curre | ent Registered Agent | Name | 7. Name and Address of New Registered Agent |
| BALLARD, JOHN G III 290 NEWPORT DR #107 NAPLES, FL 34114 | | | s (P.O. Box Number is Not Acceptable) |
| | | : | |
| , | | City | FL Zip Code |
| | t for the purpose of changi | ng its registered office or regist | ered agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligations of registered agent. | | • | |
| SIGNATURE | ent and title if applicable. | (NOTE: Registered Agent signature require | red when reinstating) DATE |
| Filing Fee is \$61.25 Due by May 1, 2004 | | n Campaign Financing und Contribution. | \$5.00 May Be Added to Fees Florida Department of State |
| 10. OFFICERS AND | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| NAME MOLBERG, DAVID STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 | ∑ Coelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Olberg, David # 108 Oncoport Dr. # 108 april FL 34114 |
| TITLE D SLOAD, ROSEMARY STREET ADDRESS 290 NEWPORT DR., #106 NAPLES, FL 34114 | Ď Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ad, Rosemary # 106 D newport Dr # 106 20165. FL 34114 |
| TITLE D NAME BALLARD, JOHN STREET ADDRESS 290 NEWPORT DR., #107 CITY-ST-ZIP NAPLES, FL 34114 | Delete | TITLE NAME: STREET ADDRESS CITY-ST-ZIP | Ilard, John #107 Prewport Dr. #107 20163: FL 34114 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP: - | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Delete | TITLE NAME - STREET ADDRESS CITY-ST-ZIP | Change Addition |
| indicated on this report or supplemental report of the corporation or the receiver or trustee en changed, or on an attachment with an address SIGNATURE: | rt is true and accurate and npowered to execute this re | that my signature shall have the eport as required by Chapter 6 ered. | Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if |