2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# N00000001897

Entity Name: SUNSET CAY VILLAS X CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

834 BALD EAGLE DR
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

278 NEWPORT DRIVE
NAPLES, FL 34114 US

Current Mailing Address:

834 BALD EAGLE DR
MARCO ISLAND, FL 34145 US

New Mailing Address:

278 NEWPORT DRIVE
C/O UNIT 205
NAPLES, FL 34114 US

FEI Number: 90-0021952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRUESEL, JAMIE
1104 N. COLLIER BLVD
MARCO ISLAND, FL 34145 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: PD ( ) Delete
Name: GRAHAM, LEW
Address: 278 NEWPORT DR SUITE 202
City-St-Zip: NAPLES, FL 34114

Title: VP ( ) Delete
Name: NELSON, WILLIAM
Address: P.O. BOX 217
City-St-Zip: STONE LAKE, WI 54876

Title: STD ( ) Delete
Name: HUBERT, CHRISTINE
Address: 278 NEWPORT DR #205
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHIUNTI, SUZANNE
Address: 278 NEWPORT DR #206
City-St-Zip: NAPLES, FL 34114

Title: VP (X) Change ( ) Addition
Name: VERMEESCH, DON
Address: 278 NEWPORT DR #203
City-St-Zip: NAPLES, FL 34114

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE HUBERT STD 03/29/2007

Electronic Signature of Signing Officer or Director — Date