

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

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000001897

1. Entity Name
**SUNSET CAY VILLAS X CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**278 NEWPORT DRIVE
NAPLES, FL 34114 US**

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

DO NOT WRITE IN THIS SPACE



04012008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
90-0021952

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRUESEL, JAMIE
1104 N. COLLIER BLVD
MARCO ISLAND, FL 34145**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000879862
04/15/08-80034-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHIUNTI, SUZANNE
278 NEWPORT DR #206
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
VERMEESCH, DON
278 NEWPORT DR #203
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
HUBERT, CHRISTINE
278 NEWPORT DR #205
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Christine Hubert

Christine Hubert

4-1-08 239-537-3645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #