2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90281 004 ****61.25

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1. Entity Name
SUNSET CAY VILLAS XI CONDOMINIUM ASSOCIATION, INC.

94077097

Principal Place of Business	Mailing Address
12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907	12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907

04132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 90-0021950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLAISE, DAVID 266 NEWPORT DR #307 NAPLES, FL 34114	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, MICHAEL 4641 3RD AVE NW NAPLES, FL 34119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Claise, David 3646 Newport Dr #307 Naples, FL 34114 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAISE, DAVID 266 NEWPORT DR #307 NAPLES, FL 34114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Stephens, Bill 3646 Newport Dr #310 Naples, FL 34114 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHROEDER, EDWARD 266 NEWPORT DR #305 NAPLES, FL 34114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Malstrom, Vanessa 3646 Newport Dr. #311 Naples, FL 34114 ☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David J. Claise 4/26/2004 239-389-9058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David J. Claise, President