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May 09, 2006 8:00 am
Secretary of State
05-09-2006 90093 041 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001899

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

400030033

Principal Place of Business	Mailing Address
834 BALD EAGLE DR MARCO ISLAND, FL 34145 US	834 BALD EAGLE DR SUITE 49 MARCO ISLAND, FL 34145 US

04132006 Chg-NP CR2E037 (11/05)

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 80-0021950 ☐ 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 _____
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, 2006

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	PD CLAISE, DAVID 266 NEWPORT DR. #307 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Treasurer	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STEPHENS, BILL 266 NEWPORT DR. #310 NAPLES, FL 34114	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Skene, Joe 5252 Sesame Dr. Howell, MI 48843	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MALSTROM, VANESSA 266 NEWPORT DR. #311 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary	☑ 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 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 _____ 5/1/2006 239-389-9058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #