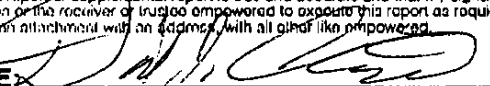


May 01 06 10:34a

FILED
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 GAY VILLAS XI CONDOMINIUM ASSOCIATION, INC.																													
Principal Place of Business 834 BALD EAGLE DR MARCO ISLAND, FL 34145 US				Mailing Address 834 BALD EAGLE DR SUITE 49 MARCO ISLAND, FL 34145 US																									
2. Principal Place of Business				3. Mailing Address																									
Suite, Apt. #, etc.				Suite, Apt. #, etc.																									
City & State				City & State																									
Zip		Country		Zip																									
04132006 Chg-NP CR2C037 (11/05)				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 CLAISE, DAVID 266 NEWPORT DR #307 NAPLES, FL 34114				7. Name and Address of New Registered Agent 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's signature required when filing this report.) DATE																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		55.00 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																									
<table border="1"><tr><td>TITLE</td><td>PD</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>CLAISE, DAVID</td><td></td></tr><tr><td>STREET ADDRESS</td><td>266 NEWPORT DR. #307</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td>NAPLES, FL 34114</td><td></td></tr></table>				TITLE	PD	☐ Delete	NAME	CLAISE, DAVID		STREET ADDRESS	266 NEWPORT DR. #307		CITY- ST- ZIP	NAPLES, FL 34114		<table border="1"><tr><td>TITLE</td><td>President/Treasurer</td><td>☒ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td><td></td></tr></table>		TITLE	President/Treasurer	☒ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 017, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, in an attachment with an address with all other like empowered.																													
SIGNATURE 				5/1/2006 239-389-9058																									
SIGNATURE AND TYPED OR PRINTED NAME OF SHORPU OFFICER OR DIRECTOR				Date																									