2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-29-2008 90076 040 ****70.00

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

Principal Place of Business	Mailing Address
5067 TAMIAMI TRAIL EAST NAPLES, FL 34113 US	5067 TAMIAMI TRAIL EAST NAPLES, FL 34113 US

04102008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

CLAISE, DAVID
266 NEWPORT DR #307
NAPLES, FL 34114

7. Name and Address of New Registered Agent

Name Cardinal Management Group
Street Address (P.O. Box Number is Not Acceptable)
5067 Tamiami Trail East
City Naples FL Zip Code 34113

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 Janice Miller, CAM 4.24.08
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

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	PT CLAISE, DAVID 266 NEWPORT DR. #307 NAPLES, FL 34114	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ron Howell 2616 Newport Drive, #301 Naples, FL 34114	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MALSTROM, VANESSA 266 NEWPORT DR. #311 NAPLES, FL 34114	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Mary Lloyd 2616 Newport Drive, #303 Naples, FL 34114	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SKENE, JOE 5252 SEASME DR. HOWELL, MI	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Ralph Frew 2616 Newport Drive, # 309 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 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: Mary Lloyd 4.23.08 239-774-0723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #