


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90016 001 ****61.25

DOCUMENT # N00000002465 1. Entity Name SUNSET KEY II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O BENSON'S INC 12650 WHITEHALL DR FORT MYERS, FL 33907			Mailing Address C/O BENSON'S INC 12650 WHITEHALL DR FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			
Zip 		Country		4. FEI Number 65-0973806	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BENSON, MARK R 12650 WHITEHALL DR FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name VANDALL BONITA D Street Address (P.O. Box Number is Not Acceptable) 12650 WHITEHALL DR City FORT MYERS FL Zip Code 33907		
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 B. D. V. Q. L. BONITA D. VANDALL 3-5-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD BORCHERS, STANLEY 3361 SUNSET KEY CR PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFFER, LOWELL K 3389 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAMPBELL, NAOMI 3365 SUNSET KEY CR PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Lowell K Shaffer</i> LOWELL K SHAFFER 3/2/07 941 639 2158 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		