2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004070

1. Entity Name
SUNSET COVE CONDOMINIUM ASSOCIATION OF MARCO ISLAND, INC.

Principal Place of Business	Mailing Address
571 ELKCAM CIRCLE MARCO ISLAND, FL 34145	1100 FIFTH AVENUE SOUTH SUITE 405 NAPLES, FL 34102

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03072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
16-1710333
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIEBERFARB, STANLEY
1110 5TH AVENUE SOUTH
SUITE 400
NAPLES, FL 34102

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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 Stanley Lieberfarb
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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	LIEBERFARB, STANLEY J
STREET ADDRESS	1100 5TH AVENUE SOUTH SUITE 405
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VD
NAME	LAGEMAN, DAVID
STREET ADDRESS	1100 5TH AVENUE SOUTH SUITE 405
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	PD
NAME	SONNENBORN, R. BRUCE
STREET ADDRESS	1100 5TH AVENUE SOUTH SUITE 405
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80039-001 61.25

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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 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: R. Bruce Sonnenborn, JR 3/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #