

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004070

FILED
Mar 15, 2007
Secretary of State

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

Current Principal Place of Business:

571 ELKCAM CIRCLE
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

1100 FIFTH AVENUE SOUTH
SUITE 405
NAPLES, FL 34102

New Mailing Address:

FEI Number: 16-1710333 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: LIEBERFARB, STANLEY J
Address: 1100 5TH AVENUE SOUTH SUITE 405
City-St-Zip: NAPLES, FL 34102

Title: VD () Delete
Name: LAGEMAN, DAVID
Address: 1100 5TH AVENUE SOUTH SUITE 405
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: SONNENBORN, R. BRUCE
Address: 1100 5TH AVENUE SOUTH SUITE 405
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY LIEBERFARB

STD

03/15/2007

Electronic Signature of Signing Officer or Director

Date