2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004816

FILED Apr 17, 2006 Secretary of State

Entity Name: SUNDOWNER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3 SEVENTH AVENUE INDIAN ROCKS BEACH, FL 33785

Current Mailing Address: New Mailing Address:

19534 GULF BLVD

INDIAN SHORES, FL 337853202

FEI Number: 56-2365053 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, WILLIAM F 19534 GULF BLVD 202

INDIAN SHORES, FL 33785 US

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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: PD (X) Change () Addition

 Name:
 GORELICK, IRA
 Name:
 GORELICK, IRA

 Address:
 8910 NESBIT LAKES DRIVE
 Address:
 8910 NESBIT LAKES DRIVE

 City-St-Zip:
 ALPHARETTA, GA 30022
 City-St-Zip:
 ALPHARETTA, GA 30022

Title: DV () Delete Title: STD (X) Change () Addition

Name: SPINA, CHIP Name: SPINA, CHIP

 Address:
 341 PRAIRIE KNOLL DRIVE
 Address:
 341 PRAIRIE KNOLL DRIVE

 City-St-Zip:
 NAPERVILLE, IL 60565 41
 City-St-Zip:
 NAPERVILLE, IL 60565 41

Title: DST () Delete Title: VD (X) Change () Addition Name: GORELICK, ANNETTE Name: TERRELL, DARCY

 Address:
 8910 NESBİT LAKES DRİVE
 Address:
 2528 NW 93RD ST

 City-St-Zip:
 ALPHARETTA, GA 30022
 City-St-Zip:
 GAİNESVİLLE, FL 32606

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 KNOX, BENJAMIN

 Address:
 Address:
 913 ROUX STREET

 City-St-Zip:
 City-St-Zip:
 PLANT CITY, FL 33563

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: CHIP SPINA STD 04/17/2006