2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N04000003005 1. Entity Name 06 JAN 18 AM 9: 40 SUNSET CAY LAKES CONDOMINIUM 1700 ASSOCIATION, INC. 07/13/05 900/7 047 6135 Principal Place of Business Mailing Address % SUNSET CAY LAKES DEVELOPMENT, INC. % SUNSET CAY LAKES DEVELOPMENT, INC. 314 NEWPORT DR - # 4 314 NEWPORT DR - # 4 NAPLES, FL 34114 NAPLES, FL 34114 Suite, Apt. #, etc Suite, Apt. #, etc. 11152005 REIN-NP CR2E099 (6/04) Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired _Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent osenow BURGESON, RICHARD 314 NEWPORT DR #4 NAPLES, FL 34114 City 8. The above named entity submits this seatement 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 . nt and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$61.25 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2006, Fee will be \$122.50 Florida Department of State corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PTD VP,D Change Delete TITLE Addition TITLE Barnard, Thomas #1703 NAME BURGESON, RICHARD NAME STREET ADDRESS 314 NEWPORT DR. #4 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP laples **VPSD** Change Delete TITLE Addition me COLSON, KARI NAME NAME 314 NEWPORT DR, #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-7/P Addition Delete Till F TITLE Siano, James NAME COLSON, JOHN NAME 24 Nowport STREET ADDRESS 314 NEWPORT DR, #4 STREET ADDRESS NAPLES, FL 34114 CITY-ST-ZIP CITY-ST-ZIP 1.00054414361 Addition ☐ Delete TITLE TITLE NAME NAME 01/25/06--01004--002 **61.25 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MINATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #