

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003151

1. Entity Name
**SUNSET VILLAS OF VENICE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**501 BARCELONA AVE.
VENICE, FL 34285**

Mailing Address

**501 BARCELONA AVE.
VENICE, FL 34285**

DO NOT WRITE IN THIS SPACE



02012007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
16-1706621

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WELLS, KEVIN T ESQ.
2033 MAIN ST., STE. 403
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALCZAK, MARIAN 501 BARCELONA AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALCZAK, BOZENA 501 BARCELONA AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIGSBY, KESJA 501 BARCELONA AVE. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000625260
02/14/07-80068-008 61.25

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IN THIS SPACE**

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: Bozena Walczak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Daytime Phone #)

2-5-07 941/465-0415