


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 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
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 16-1706621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/15/08-80045-012-61.25

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: Marian Walczak **MARIAN WALCZAK** 1-09-08 485-0415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #