

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000003253 1. Entity Name SUNSET CAY LAKES CONDOMINIUM 1800 ASSOCIATION, INC.					
Principal Place of Business 17280 EAGLE TRACE 1 FORT MYERS, FL 33908			Mailing Address 17280 EAGLE TRACE 1 FORT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box # 834 Bald Eagle Dr Suite, Apt. #, etc.			3. Mailing Address 834 Bald Eagle Dr Suite, Apt. #, etc.		
City & State Marco Island, FL		City & State Marco Island, FL		4. FEI Number NOT APPLICABLE	
Zip 34145	Country US	Zip 34145	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURGESSON, RICHARD 17280 EAGLE TRACE 1 FORT MYERS, FL 33908				7. Name and Address of New Registered Agent Name ROBERT ROSENOW Street Address (P.O. Box Number is Not Acceptable) 90 RESORT MANAGEMENT 834 BALD EAGLE DR City MARCO ISLAND FL Zip Code 34145	
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 Robert Rosenow (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESON, RICHARD 314 NEWPORT DR #4 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800103288988 05/25/07--01025--005 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLSON, KARI 314 NEWPORT DR #4 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLSON, JOHN 314 NEWPORT DR #4 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Townsend, Fredrick 3851 Granger Rd. Ortonville, MI 48462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WOLF, Diane 338 Newport Dr. #1807 Naples FL 34114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Fredrick H. Townsend 4/23/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED
07 MAY -9 PM 2:58
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
02/23/07 10:00 AM 099 (1/0) 06-07