

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90047 020 ****61.25

DOCUMENT # N04000005258

1. Entity Name

SUNSET HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3895 S. MCCALL ROAD
ENGLEWOOD FL 34224
US

Mailing Address

3895 S. MCCALL ROAD
ENGLEWOOD FL 34224
US

2. Principal Place of Business

50 BUCCANER BEND

3. Mailing Address

Suite, Apt. #, etc.
SAME

City & State

PLACIDA, FL

City & State

SAME

Zip

33946

Country

US

Zip

Country

4. FEI Number

20-3569935

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STURGES, ERNEST W JR.
18501 MURDOCK CIRCLE
SUITE 501
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

1/25/06

FILE NOW - FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	BERGERON, JAMES E	
STREET ADDRESS	3895 S. MCCALL ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE	VPS	<input type="checkbox"/> Delete
NAME	BAUMANN, RICHARD W	
STREET ADDRESS	3895 S. MCCALL ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	50 BUCCANER BEND	
CITY-ST-ZIP	PLACIDA, FL 33946	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	50 BUCCANER BEND	
CITY-ST-ZIP	PLACIDA, FL 33946	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

1/25

941-830-0038