


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90185 033 \*\*\*\*61.25

<b>DOCUMENT # N04000007550</b>		
1. Entity Name SUNSET GULF CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 4192 BAY BEACH LANE FT. MYERS BEACH, FL 33931	Mailing Address 6704 LONE OAK BLVD NAPLES, FL 34109
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4137 Bay Beach Ln	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ft Myers Beach, FL	
Zip	Country	Zip	Country
33931	USA	33931	USA

40060440

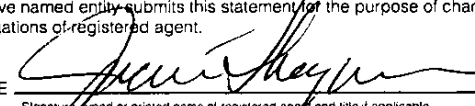


02022007 Chg-NP CR2E037 (12/06)

4. FEI Number 52-2455098		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STERLING, JACK 6704 LONE OAK BLVD NAPLES, FL 34109		7. Name and Address of New Registered Agent Name: Jean Thompson Street Address (P.O. Box Number is Not Acceptable): 4137 Bay Beach Lane City: Ft Myers Beach City: FL Zip Code: 33931	
---	--	---	--

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.

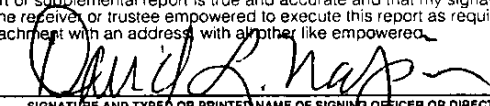
SIGNATURE:  DATE: 4/14/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: CLAUSSEN, CHRISTOPHER G STREET ADDRESS: 6704 LONE OAK BLVD CITY-ST-ZIP: NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE: P (President) NAME: Napier, David STREET ADDRESS: 4306 St Andrews Dr CITY-ST-ZIP: Pueblo, CO 81001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CLAUSSEN, ROBERT G STREET ADDRESS: 6704 LONE OAK BLVD CITY-ST-ZIP: NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Beutler, Steven STREET ADDRESS: 4192 Bay Beach Ln # 891 CITY-ST-ZIP: Ft Myers Beach, FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: STERLING, JACK STREET ADDRESS: 6704 LONE OAK BLVD CITY-ST-ZIP: NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: Everett, Richard STREET ADDRESS: 37 Island View Ave CITY-ST-ZIP: Branford, CT 06405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: S NAME: Reed, Thomas STREET ADDRESS: 404 West Spring Meadow Ln. CITY-ST-ZIP: Dewitt, MI 48820	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: D NAME: Van Kampen, Pieter STREET ADDRESS: 6282 Woodhill Court CITY-ST-ZIP: Hudsonville, MI 49426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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 another like empowered.

SIGNATURE:  DATE: March 21, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR