


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State


04-09-2008 90029 035 ****61.25

DOCUMENT # N04000007550	
1. Entity Name SUNSET GULF CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 4192 BAY BEACH LANE FT. MYERS BEACH, FL 33931	Mailing Address 4192 BAY BEACH LANE FT. MYERS BEACH, FL 33931
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DO NOT WRITE IN THIS SPACE

40000000



03172008 No Chg-NP CR2E037 (4/06)


4. FEI Number 52-2455098	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

THOMPSON, JEAN
4137 BAY BEACH LN
FORT MYERS BEACH, FL 33931

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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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

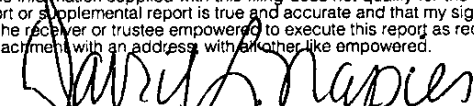
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAPLER, DAVID 4306 ST ANDREWS DR PUEBLO, CO 81001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEUTLER, STEVEN 4192 BAY BEACH LN #891 FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVERETT, RICHARD 37 ISLAND VIEW AVE BRANFORD, CT 06405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REED, THOMAS 404 WEST SPRING MEADOW LN DEWITT, MI 48820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANKAMPEN, PIETER 6282 WOODHALL CT HUDSONVILLE, MI 49426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/4/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #