


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90306 013 ****61.25

DOCUMENT # N11873		
1. Entity Name SANIBEL SUNSET CONDOMINIUM ASSOCIATION, INC.		

50043688

Principal Place of Business 2959 W.GULF DR. SANIBEL, FL 33957	Mailing Address P.O.BOX 100 SANIBEL, FL 33957
---	---



2. Principal Place of Business <i>do Island Management Group</i> Suite, Apt. #, etc. <i>PO Box 100 - 711 Tarpon Bay</i>	3. Mailing Address <i>do Island Management Group</i> Suite, Apt. #, etc. <i>PO Box 100 - 711 Tarpon Bay</i>
City & State <i>Sanibel FL</i>	City & State <i>Sanibel FL</i>
Zip <i>33957</i>	Country <i>USA</i>

03072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2748115	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 ISLAND MANAGEMENT-NICK JAMBECK 703 TARPON BAY RD, STE B SANIBEL, FL 33957	7. Name and Address of New Registered Agent Name <i>Steven J. Mackesy</i> Street Address (P.O. Box Number is Not Acceptable) <i>do Island Management Group</i> <i>PO Box 100 - 711 Tarpon Bay Rd.</i> City <i>Sanibel</i> FL Zip Code <i>33957</i>
--	---

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]* *Steven Mackesy* DATE *4-11-05*
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, 2005	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 NAME STREET ADDRESS CITY - ST - ZIP	PD JAUDS, ROBERT C 231 FOX CHAPEL LN CHESTERFIELD, MO 63005 <input 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	VD GOLDSTON, CHARLOTTE C 1900 OLD HICKORY BLVD BRENTWOOD, TN 37027 <input 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	SD GERARDUZZI, MARGARET 2870 INDIAN MOUND SOUTH BLOOMFIELD, MI 45301 <input 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	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	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	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 exemption stated in Section 119.07(3)(i), 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: *Robert C. Jauds* *3/8/05* *636-827-8567*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #