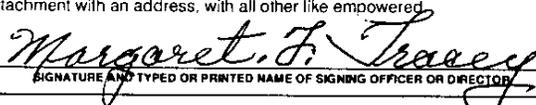


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90223 048 ****61.25

DOCUMENT # N19897					
1. Entity Name SUNNY PALMS WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US			Mailing Address C/O THE MANAGEMENT CONNECTION 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2805161	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREDEN, ARLENE A 8270 COLLEGE PARKWAY #103 FORT MYERS, FL 33919			TEAGUE, GEORGE 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919		
			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 		GEORGE TEAGUE		3-25-05	
<small>Signature, typed or printed name of registered agent and title, if applicable.</small>		<small>(NOTE: Registered Agent signature required when reconstituting)</small>		<small>DATE</small>	
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	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETERSON, KRISTIN		NAME		
STREET ADDRESS	1016 SE 8TH ST #3		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33990		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRACEY, MARGRET		NAME		
STREET ADDRESS	1016 SE 8TH ST #4		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33990		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUBOVSKY, ANDREW		NAME		
STREET ADDRESS	1016 SE 8TH ST #6		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33990		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 				4/26/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	

50052203



03222005 Chg-NP CR2E037 (10/03)