## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF S

## Mar 15, 2004 8:00 am Secretary of State DOCUMENT # N33737 03-15-2004 90080 019 \*\*\*\*61.25 1. Entity Name SUNSET CAY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4483 SUNSET CAY CIRCLE 2328 SO. CONGRESS AVENUE 94029032 BOYNTON BEACH, FL 33436 US WEST PALM BEACH, FL 33406 2. Principal Place of Business 3. Mailing Address 2328 S. CONGRESS AVENUE 2328 S. CONGRESS AVENUE Suite, Apt. #, etc. SUITE 2A Suite, Apt. #, etc. SUITE 2A 03112004 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 59-3303143 City & State City & State WEST PALM BEACH, FL WEST PALM BEACH, FL Not Applicable Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired 33406 USA 33406 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOYWOD, RICHARD VOULGARIS, ARTHUR 4383 SUNSET CAY CIRCLE Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH, FL 33436** 2328 S. CONGRESS AVENUE, SUITE 2A City WEST PALM BEACH 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. **☑** Delete TITLE □ Change X Addition TITLE LOQUERCIO, MIKE NAME **GUNSHERSKI, IRIS** NAME 2328 S. CONGRESS AVE., SUITE 2A STREET ADDRESS 4415 SUNSET CAY CIRCLE STREET ADDRESS WEST PALM BEACH, FL 33406 BOYNTON BEACH, FL 33436 CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition TITLE WOYWOD, RICHARD NAME WOYWOD, RICHARD NAME 2328 S. CONGRESS AVE., SUITE 2A 9460 SUNSET CAY CIR STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33406 CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-7IP ☐ Change Addition TITLE ☑ Delete TITLE HANLEY, ALISSA MCCLAY, ARTHUR NAME \_\_\_\_\_\_ NAME 2328 S. CONGRESS AVE., SUITE 2A 4455 SUNSET CAY CIR STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33406 BOYNTON BEACH, FL 33436 CITY-ST-ZIP CITY-ST-ZIP ☐ Change PD TITLE □ Delete TITLE ■ Addition SPENCER, DENNIS NAME NAME 4411 SUNSET CAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP Change TITLE TD ☑ Delete TITLE ☐ Addition VOULGARIS, TOM NAME NAME 4383 SUNSET CAY CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 1 1 56 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OFFICER OR DIRECTOR

**FILED**