# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 24, 2005 8:00 am**
**Secretary of State**
02-24-2005 90039 005 ****61.25

DOCUMENT # N33737

1. Entity Name
SUNSET CAY HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2328 S. CONGRESS AVE<br>SUITE 2A<br>WEST PALM BEACH, FL 33406 US | 2328 S. CONGRESS AVE<br>SUITE 2A<br>WEST PALM BEACH, FL 33406 US |

01172005 Chg-NP CR2E037 (10/03)

| 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 59-3303143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WOYWOD, ~~RICAHRD~~ RICHARD
2328 S CONGRESSAVENUE SUITE 2A
WEST PALM BEACH, FL 33406

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 Richard Woywood 2/14/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>GUNSHERSKI, IRIS<br>2328 S CONGRESS AVE SUTIE 2A<br>WEST PALM BEACH, FL 33406 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TARTER, MICHAEL<br>2328 S. CONGRESS AVE., SUITE 2A<br>WEST PALM BEACH, FL 33406 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>WOYWOD, RICHARD<br>2328 S. CONGRESSAVE SUITE 2A<br>WEST PALM BEACH, FL 33406 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>HANLEY, ALISSA<br>2328 S CONGRESS AVE SUITE 2A<br>WEST PALM BEACH, FL 33406 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HANLEY, ALISSA<br>2328 S. CONGRESS AVE., SUITE 2A<br>WEST PALM BEACH, FL 33406 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SOMERS, JUDY<br>2328 S. CONGRESS AVE., SUITE 2A<br>WEST PALM BEACH, FL 33406 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COOPER, BRIAN<br>2328 S. CONGRESS AVE., SUITE 2A<br>WEST PALM BEACH, FL 33406 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** President 2/17/05 561-251-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #