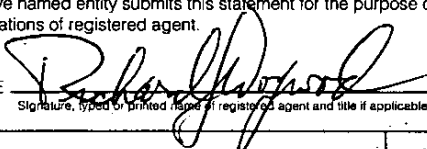
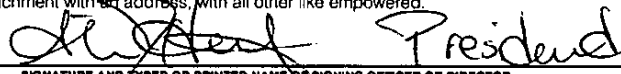


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 2328 S. CONGRESS AVE SUITE 2A WEST PALM BEACH, FL 33406 US			Mailing Address 2328 S. CONGRESS AVE SUITE 2A WEST PALM BEACH, FL 33406 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01172005 Chg-NP CR2E037 (10/03)	
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, RICHARD 2328 S CONGRESS AVENUE 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  Signature, typed or printed name of registered agent and title if applicable.			DATE 2/14/2005 (NOTE: Registered Agent signature required when reinstating)		
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 GUNSHERSKI, IRIS 2328 S CONGRESS AVE SUTIE 2A WEST PALM BEACH, FL 33406	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TARTER, MICHAEL 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOYWOD, RICHARD 2328 S. CONGRESSAVE SUITE 2A WEST PALM BEACH, FL 33406	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANLEY, ALISSA 2328 S CONGRESS AVE SUITE 2A WEST PALM BEACH, FL 33406	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANLEY, ALISSA 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOMERS, JUDY 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, BRIAN 2328 S. CONGRESS AVE., SUITE 2A 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 2/17/05 DAYTIME PHONE # 561-251-7850		