

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90071 035 ****61.25

DOCUMENT # N36912

1. Entity Name
SUNSET COVE ASSOCIATION OF ANNA MARIA ISLAND, INC.



Principal Place of Business

C/O ALBERT KAISER

105 SUNSET PO 2205

ANNA MARIA, FL 34216 US

Mailing Address

C/O ALBERT KAISER

PO BOX 2205

ANNA MARIA, FL 34216 US

40013490



2. Principal Place of Business - No P.O. Box #

105 SUNSET LA

Suite, Apt. #, etc.

3. Mailing Address

105 SUNSET LA

Suite, Apt. #, etc.

01292007

Chg-NP

CR2E037 (12/06)

City & State

HOLMES BEACH, FL

City & State

HOLMES BEACH, FL

4. FEI Number

59-3022401

Applied For

Not Applicable

Zip

34217

Country

USA

Zip

34217

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ALBERT F. KAISER

105 SUNSET LANE

PO BOX 2205

ANNA MARIA, FL 34216

7. Name and Address of New Registered Agent

Name

ALBERT F KAISER

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

105 SUNSET LANE

City

HOLMES BEACH

FL

Zip Code

34217

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

Albert F. Kaiser

ALBERT F. KAISER TREAS.

2/3/2007

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, 2007

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

TITLE **D** ☐ Delete
NAME **KIRK, EDWARD J**
STREET ADDRESS **104 SUNSET LANE**
CITY-ST-ZIP **ANNA MARIA, FL 342160904**

TITLE **T** ☐ Delete
NAME **KAISER, ALBERT F**
STREET ADDRESS **105 SUNSET LANE**
CITY-ST-ZIP **ANNA MARIA, FL 342162205**

TITLE **DP** ☐ Delete
NAME **COCHRAN, NORMAN**
STREET ADDRESS **103 SUNSET LN**
CITY-ST-ZIP **ANNA MARIA, FL 342161557**

TITLE **DS** ☐ Delete
NAME **CULLERTON, LINDA**
STREET ADDRESS **101 SUNSET LN**
CITY-ST-ZIP **ANNA MARIA, FL 342164018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **ALBERT F. KAISER**
STREET ADDRESS **105 SUNSET LA**
CITY-ST-ZIP **HOLMES BEACH, FL 34217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Albert F. Kaiser

ALBERT F. KAISER, TREAS.

2/3/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE