2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36912

FILED Jan 29, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

105 SUNSET LA 105 SUNSET LANE

HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217 US US

Current Mailing Address: New Mailing Address:

105 SUNSET LA 105 SUNSET LANE

HOLMES BEACH, FL 34217 US HOLMES BEACH, FL 34217 US

FEI Number: 59-3022401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ALBERT F. KAISER KAISER, ALBERT F 105 SUNSET LANE 105 SUNSET LANE

HOLMES BEACH, FL 34217 HOLMES BEACH, FL 34217 US US

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.

SIGNATURE: ALBERT F. KAISER 01/29/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

KIRK, EDWARD J KAISER, JOY E Name: Name: 104 SUNSET LANE Address: 105 SUNSET LANE Address:

City-St-Zip: ANNA MARIA, FL 342160904 City-St-Zip: HOLMES BEACH, FL 34217 US

Title: () Delete Title: (X) Change () Addition KAISER, ALBERT F Name: KAISER, ALBERT F Name:

Address: 105 SUNSET LANE Address: 105 SUNSET LANE

City-St-Zip: HOLMES BEACH, FL 342162205 City-St-Zip: HOLMES BEACH, FL 34217 US

Title: DP () Delete Title: (X) Change () Addition COCHRAN, NORMAN COCHRAN, NORMAN Name: Name:

Address: 103 SUNSET LN Address: 103 SUNSET LN ANNA MARIA, FL 342161557 City-St-Zip: City-St-Zip:

ANNA MARIA, FL 342161557 US

() Delete Title: DS Title: (X) Change () Addition

Name: CULLERTON, LINDA Name: CULLERTON, LINDA 101 SUNSET LN Address: 101 SUNSET LN Address:

City-St-Zip: ANNA MARIA, FL 342164018 City-St-Zip: ANNA MARIA, FL 342164018

Title: () Delete Title: () Change (X) Addition

CULLERTON, WILLIAM Name: Name: 101 SUNSET LN Address: Address:

City-St-Zip: City-St-Zip: ANNA MARIA, FL 342164018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT F. KAISER Т 01/29/2009