2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90305 015 ****61.25

DOCUMENT # N42196

1. Entity Name
SUNRISE CAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
463 TORREY PINES PT NAPLES, FL 34113 US	463 TORREY PINES PT NAPLES, FL 34113 US

04162005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0252067
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOREMAN, GEORGE
463 TORREY PINES POINT
NAPLES, FL 34113

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	SHEEHAN, BRIAN
STREET ADDRESS	269 SUNRISE CAY #3
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	STD
NAME	MULLIGAN, ANTJE
STREET ADDRESS	333 SUNRISE CAY., #6
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	DP
NAME	SILLIMAN, RONALD D
STREET ADDRESS	333 SUNRISE CAY #5
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	D
NAME	FOREMAN, GEORGE
STREET ADDRESS	5067 TAMIAMI TRAIL EAST
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: George Foreman GEORGE FOREMAN 4-26-2005 239-643-7647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #