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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001610 (4)

1. Corporation Name

SUNSET ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

201 FRONT STREET  
SUITE 102  
KEY WEST FL 33040

P.O. BOX 4727  
PORTSMOUTH NH 03802-4727

3. Date Incorporated or Qualified  
03/31/1994

3a. Date of Last Report  
10/21/1996

2. Principal Place of Business

21 245 FRONT ST

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25

30

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE

NAME WALSH, MARK  
STREET ADDRESS 1100 LINTON BLVD., SUITE C-9  
CITY-ST-ZIP DELRAY BEACH FL 33444

1.1 TITLE ☐ Change ☐ Addition

TITLE VTD ☐ DELETE

NAME WALSH, MICHAEL  
STREET ADDRESS 1100 LINTON BLVD., SUITE C-9  
CITY-ST-ZIP DELRAY BEACH FL 33444

1.2 NAME ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME WALSH, WILLIAM  
STREET ADDRESS ONE KATE STREET., SUITE 3  
CITY-ST-ZIP PORT SMITH NH 03802

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.5 TITLE ☐ Change ☐ Addition

2.6 NAME ☐ Change ☐ Addition

2.7 STREET ADDRESS ☐ Change ☐ Addition

2.8 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)