


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90031 005 ****61.25

DOCUMENT # N9400001610

1. Entity Name
SUNSET ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 1100 LINTON BLVD.
 SUITE C-9
 DELRAY BEACH, FL 33444 US

Mailing Address
 1000 MARKET ST
 BLDG 1
 PORTSMOUTH, NH 03801 US

2. Principal Place of Business
1001 E Atlantic Ave
 Suite, Apt. #, etc.
Suite 202
 City & State
Delray Beach, FL

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
33483 Country
US

01222004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0734613 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H
 1100 LINTON BLVD.
 SUITE C-9
 DELRAY BEACH, FL 33444

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 _____ 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, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD WALSH, MARK 1100 LINTON BLVD., SUITE C-9 DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WALSH, MICHAEL 1100 LINTON BLVD., SUITE C-9 DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDP ADE, RICHARD 1000 MARKET STREET PORTSMOUTH, NH 03801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1001 E Atlantic Ave, Suite 202 Delray Beach, FL 33483</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1001 E Atlantic Ave, Suite 202 Delray Beach, FL 33483</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark Walsh* **Mark Walsh** *2/4/2004* *(562)279-9900*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #