

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N94000001610

1. Entity Name  
SUNSET ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
1001 C. ATLANTIC AVE STE 202  
DELRAY BEACH, FL 33483 US

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



01032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
WALSH, MARK  
1001 E. ATLANTIC AVE STE 202  
DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VTD  
WALSH, MICHAEL  
1001 E. ATLANTIC AVE STE 202  
DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
EVPD  
ADE, RICHARD  
1000 MARKET STREET  
PORTSMOUTH, NH 03801

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

000000337458  
04/27/05-80167-017 61.25

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #