


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

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| 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 |



01082007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 65-0734613 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---------------------------------------|
| 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.

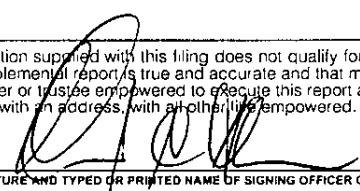
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|---|---|--|
| SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

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|--|---|
| 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 | EVDP 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 | |

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03/30/07-80083-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another line empowered.

| | | |
|--|---------------------|--------------------------------|
| SIGNATURE:  | 1/19/07 | (603)559-210 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |

Richard C. Ade, EVP