2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90127 015 ****61.25

DOCUMENT # N95000002521

1. Entity Name

SUNSET CAY AT PORT OF THE ISLANDS MASTER ASSOCIATION, INC.



Principal Place of Business Mailing Address 834 BALD EAGEL DRIVE 834 BALD EAGEL DRIVE MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc 03282008 CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 65-0650350 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRAUS & BALLENGER, P.A. 1072 GOODLETTE ROAD Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34104 City Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Trust Fund Contribution Due by May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change TITLE TITLE ☐ Defete ☐ Addition NAME TO BERG David
STREET ADDRESS P.O. BOX 5 97 MOLBERG, DAVID NAME 290 NEWPORT DRIVE #108 STREET ADDRESS Honument Beach D2553 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34114 Addition Delete TITI F TITLE ☐ Change kenmeier Kathryn 3485 old River Rd NAME BECK, GARY NAME 314 NEWPORT DRIVE, #1606 STREET ADDRESS STREET ADDRESS NAPLES, FL 34114 43701 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition weis, Thomas CHALKER, JOE NAME NAME 200 Newport Dr. #863 STREET ADDRESS 162 NEWPORT DR: #1204 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP SD Change TITLE ☐ Delete TITLE Addition siano, James NAME SIANO, JAMES NAME 326 Newport Dr. 1711 STREET ADDRESS 326 NEWPORT DRIVE, #1711 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-7iP X Addition TITLE Delete TITLE ☐ Change PUTNAM, BILL NAME NAME # 1706 STREET ADDRESS 326 NEWPORT DRIVE, #1710 STREET ADDRESS 326 Wewport Dr CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition (X NAME NAME

12. Thereby 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 all other like empowered.

STREET ADDRESS

Naples.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Nona Hois S IGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/23/08

389-9327

Daytime Phone #