

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002521

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

834 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145

New Principal Place of Business:

NEWPORT DRIVE
NAPLES, FL 34114

Current Mailing Address:

834 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 65-0650350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUS & BALLENGER, P.A.
1072 GOODLETTE ROAD
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOLBERG, DAVID
Address: POB 597
City-St-Zip: MONUMENT BEACH, MA 02553

Title: P () Delete
Name: KEHLMEIER, KATHRYN
Address: 3485 OLD RIVER RD
City-St-Zip: ZANESVILLE, OH 43701

Title: TD () Delete
Name: CHALKER, JOE
Address: 162 NEWPORT DR, #1204
City-St-Zip: NAPLES, FL 34114

Title: S () Delete
Name: SIANO, JAMES
Address: 326 NEWPORT DRIVE, #1711
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: ILLINGWORTH, HARRY
Address: 326 NEWPORT DR 1706
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: HANNER, ALBERT
Address: 326 NEWPORT DR 1702
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOLBERG, DAVID
Address: P.O. BOX 597
City-St-Zip: MONUMENT BEACH, MA 02553

Title: STD (X) Change () Addition
Name: KEHLMEIER, KATHRYN
Address: 314 NEWPORT DRIVE # 1706
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: CHALKER, JOE
Address: 162 NEWPORT DR, #1204
City-St-Zip: NAPLES, FL 34114

Title: D (X) Change () Addition
Name: COLLINS, DENNIS
Address: 302 NEWPORT DRIVE # 1505
City-St-Zip: NAPLES, FL 34114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAWKINS, CHARLES
Address: 170 NEWPORT DRIVE # 1102
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN KEHLMEIER

ST

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date