

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002521

FILED
Apr 14, 2010
Secretary of State

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

Current Principal Place of Business:

NEWPORT DRIVE
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

834 BALD EAGEL 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: PD
Name: MOLBERG, DAVID
Address: 290 NEWPORT DRIVE # 108
City-St-Zip: NAPLES, FL 34114

Title: STD
Name: KEHLMEIER, KATHRYN
Address: 314 NEWPORT DRIVE # 1607
City-St-Zip: NAPLES, FL 34114

Title: D
Name: HANNER, ALBERT
Address: 326 NEWPORT DRIVE # 1702
City-St-Zip: NAPLES, FL 34114

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

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

Title: V
Name: WILDFONG, GARY
Address: P.O. BOX 264
City-St-Zip: LEWISTON, MI 49756

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN KEHLMEIER

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04/14/2010

Electronic Signature of Signing Officer or Director

Date