


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90045 027 ****61.25

DOCUMENT # N95000002970 1. Entity Name SUNSET CAY VILLAS II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 834 BALD EAGLE DR MARCO ISLAND, FL 34145 US			Mailing Address 834 BALD EAGLE DR MARCO ISLAND, FL 34145 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0650353			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GRUESEL, JAMIE 1104 N COLLIER BLVD MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input checked="" type="checkbox"/> TD NAME WEIS, CATHY <input type="checkbox"/> Delete STREET ADDRESS 206 NEWPORT DR, # 803 CITY-ST-ZIP NAPLES, FL 34114	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME W. Weis, Cathy STREET ADDRESS CITY-ST-ZIP				
TITLE <input checked="" type="checkbox"/> PD NAME BALDUS, BILL <input type="checkbox"/> Delete STREET ADDRESS 242 NEWPORT DR, # 2 CITY-ST-ZIP NAPLES, FL 34114	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input checked="" type="checkbox"/> VPD NAME WOOD, DONALD <input type="checkbox"/> Delete STREET ADDRESS 2106 KIRKLAND DR CITY-ST-ZIP AUBURN, AL 36832	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input checked="" type="checkbox"/> D NAME KIVIRANNA, KIV <input type="checkbox"/> Delete STREET ADDRESS 230 NEWPORT DR 610 CITY-ST-ZIP NAPLES, FL 34114	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME D Rapchinski, Walters STREET ADDRESS 53 Mill Rd. CITY-ST-ZIP Lambertville, NJ 08530				
TITLE <input checked="" type="checkbox"/> SD NAME BENSON, BRUCE <input type="checkbox"/> Delete STREET ADDRESS 242 NEWPORT DR, # 509 CITY-ST-ZIP NAPLES, FL 34114	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SITD McCollister, Jon STREET ADDRESS 206 Newport Dr. #812 CITY-ST-ZIP Naples, FL 34114				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME D Richardson, Darel STREET ADDRESS 206 Newport Dr. #802 CITY-ST-ZIP Naples, FL 34114				
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 all other like empowered.					
SIGNATURE: <u><i>Jon McCollister</i></u> Jon McCollister 4-9-07 239-642-5466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40058698



03282007 Chg-NP CR2E037 (12/06)