2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002970

FILED Mar 17, 2009 Secretary of State

Entity Name: SUNSET CAY VILLAS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 834 BALD EAGLE DR 206 NEWPORT DRIVE MARCO ISLAND, FL 34145 NAPLES, FL 34114 US **Current Mailing Address: New Mailing Address:** 834 BALD EAGLE DR P.O. BOX 362 MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34146 US FEI Number: 65-0650353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRUESEL, JAMIE 1104 N COLLIER BLVD MARCO ISLAND, FL 34145 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GILBERT, RONALD GILBERT, RONALD Name: Name: 242 NEWPORT DR 507 Address: 242 NEWPORT DR #507 Address: NAPLES, FL 34114 City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: () Delete Title: () Change () Addition RICHARDSON, DAREL Name: Name: Address: 206 NEWPORT DR #802 Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: () Delete Title: (X) Change () Addition FARALLA, ROUL Name: FARALLA, ROUL Name: 230 NEWPORT DR 604 230 NEWPORT DR 604 Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: NAPLES, FL 34114 Title: () Delete Title: () Change () Addition Name: MASTEN, LINDA Name: 242 NEWPORT DR 510 Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: Title: () Delete () Change () Addition MCCOLISTER, JON Name: Name: 206 NEWPORT DRIVE 812 Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip:

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: RAOUL FARALLA T 03/17/2009