

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001273

FILED
Mar 10, 2009
Secretary of State

Entity Name: SUNSET LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANDEX RESORTS INT'L
1100 HOMESTEAD RD, N
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

Current Mailing Address:

1100 HOMESTEAD RD N
LEHIGH ACRES, FL 33936 US

New Mailing Address:

FEI Number: 65-0661975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DARLENE CAM
C/O LANDEX RESORTS INT'L
1100 HOMESTEAD RD N.
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

ROCCO, ROBYN A CAM
C/O LANDEX RESORTS INT'L
1100 HOMESTEAD RD N.
LEHIGH ACRES, FL 33936 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: ROBYN A. ROCCO, CAM

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARTMAN, ERNEST F
Address: 28 COSMOPOLITAN DRIVE, UNIT 13
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VPD () Delete
Name: WOODS, LORIE A
Address: 20 COSMOPOLITAN DRIVE, UNIT 2
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: STD () Delete
Name: WHITE, PATRICIA
Address: 20 COSMOPOLITAN DR #4
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: BAKER, ROBERTA
Address: 24 COSMOPOLITAN DR #9
City-St-Zip: LEHIGH ACRES, FL 33936

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: ERNEST F. HARTMAN

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date