

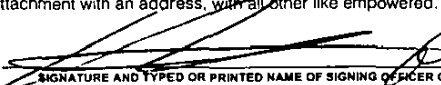


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90009 039 \*\*\*\*70.00

<b>DOCUMENT # N96000005356</b> 1. Entity Name <b>SUNRISE CAY II CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>463 TORREY PINES PT NAPLES, FL 34113</b>		Mailing Address <b>463 TORREY PINES PT NAPLES, FL 34113 US</b>	
2. Principal Place of B <b>Cardinal Management Group of South Florida, Inc. 5067 Tamiami Trail East Naples, FL 34113</b>			
Suite, Apt. #, etc. 		04162007 Chg-NP CR2E037 (12/06)	
City & State 		4. FEI Number <b>59-3412451</b>	
Zip 		Applied For Not Applicable	
Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOREMAN, GEORGE 463 TORREY PINES PT NAPLES, FL 34113</b>		7. Name and Address of New Registered Agent Name <b>Cardinal Management Group</b> Street Address (P.O. Box Number is Not Acceptable) <b>5067 Tamiami Trail East</b> Attn: <b>Dana Falker</b> City <b>Naples</b> FL Zip Code <b>34113</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			
TITLE	<b>PRE</b> <b>GIBERGA, OVIDIO</b>	<input type="checkbox"/> Delete	
STREET ADDRESS	<b>237 SUNRISE CAY #203</b>		
CITY-ST-ZIP	<b>NAPLES, FL 34114</b>		
TITLE	<b>V P</b> <b>CUSTER, CHARLES</b>	<input type="checkbox"/> Delete	
STREET ADDRESS	<b>237 SUNRISE CAY # 103</b>		
CITY-ST-ZIP	<b>NAPLES, FL 34114</b>		
TITLE	<b>D</b> <b>DIETER, RICHARD</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	<b>253 SUNRISE CAY # 103</b>		
CITY-ST-ZIP	<b>NAPLES, FL 34114</b>		
TITLE	<b>TD</b> <b>HAGAR, WALTER</b>	<input type="checkbox"/> Delete	
STREET ADDRESS	<b>205 SUNRISE CAY #204</b>		
CITY-ST-ZIP	<b>NAPLES, FL 34114</b>		
TITLE	<b>D</b> <b>FOREMAN, GEORGE</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	<b>463 TORREY PINES POINT</b>		
CITY-ST-ZIP	<b>NAPLES, FL 34113</b>		
TITLE		<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>PRE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>VICE PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SALLY YACQUES</b>		
STREET ADDRESS	<b>205 SUNRISE CAY # 205</b>		
CITY-ST-ZIP	<b>Naples, FL 34114</b>		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b>  <b>Ovidio Giberga</b> 4-2507 724-0723 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			