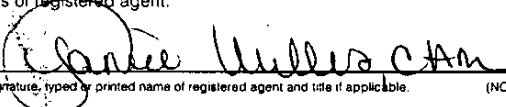
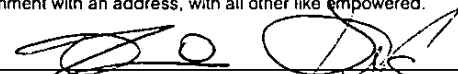


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90076 037 ****70.00

DOCUMENT # N96000005356 1. Entity Name SUNRISE CAY II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CARDINAL MGMT GROUP OF S.F.L., INC. 5067 TAMiami TR EAST NAPLES, FL 34113			Mailing Address CARDINAL MGMT GROUP OF S.F.L., INC. 5067 TAMiami TR EAST NAPLES, FL 34113 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3412451	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARDINAL MANAGEMENT GROUP 5067 TAMiami TR EAST ATTN: DANA FULKER NAPLES, FL 34113			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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE 4-24-08		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GIBERGA, OVIDIO		NAME		
STREET ADDRESS	237 SUNRISE CAY #203		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CUSTER, CHARLES		NAME		
STREET ADDRESS	237 SUNRISE CAY # 103		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	YAQUES, SALLY		NAME		
STREET ADDRESS	205 SUNRISE CAY SUITE 205		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	HAGAR, WALTER		NAME		
STREET ADDRESS	205 SUNRISE CAY #204		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	Doug Smith	
STREET ADDRESS			STREET ADDRESS	221 Sunrise Cay, #101	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34114	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 4-23-08		
			DAYTIME PHONE # 239.774.0723		