

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90127 017 \*\*\*\*61.25

<b>DOCUMENT # N96000006039</b>					
<b>1. Entity Name</b> SUN HARBOUR CLUB CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 851 COLLIER CT MARCO ISLAND, FL 34145 US			<b>Mailing Address</b> P.O. BOX 1514 MARCO ISLAND, FL 34146 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03282008 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3501808				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GRUESEL, JAMIE 1104 N COLLIER BLVD MARCO ISLAND, FL 34145			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> SEWELL, GUY <b>STREET ADDRESS</b> 851 COLLIER CT #7 <b>CITY-ST-ZIP</b> MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Taylor, John <b>STREET ADDRESS</b> P.O. Box 1312 <b>CITY-ST-ZIP</b> Warren, OH 44482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DP <b>NAME</b> HERSHBERGER, ROY <b>STREET ADDRESS</b> 851 COLLIER CT #3 <b>CITY-ST-ZIP</b> MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> Hershberger, Roy <b>STREET ADDRESS</b> 851 Collier Ct #3 <b>CITY-ST-ZIP</b> Marco Island, FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> ROGER, IRV <b>STREET ADDRESS</b> 851 COLLIER CT #5 <b>CITY-ST-ZIP</b> MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Gurgenidze, Larissa <b>STREET ADDRESS</b> 851 Collier Ct # 2 <b>CITY-ST-ZIP</b> Marco Island, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DS <b>NAME</b> HERSHBERGER, KATHLEEN <b>STREET ADDRESS</b> 851 COLLIER COURT #3 <b>CITY-ST-ZIP</b> MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Meyer, Nicholas <b>STREET ADDRESS</b> 851 Collier Ct # 6 <b>CITY-ST-ZIP</b> Marco Island, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Tieder, John <b>STREET ADDRESS</b> P.O. Box 126 <b>CITY-ST-ZIP</b> Taylors Island, MD 21699	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 employees.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-08 239 394 8711 <small>Daytime Phone #</small>		