


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90493 004 \*\*\*\*61.25

<b>DOCUMENT # N97000001344</b> 1. Entity Name <b>SUNSET KEY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>SUNSET KEY CIRCLE PUNTA GORDA, FL 33955</b>			Mailing Address <b>P.O. BOX 511277 PUNTA GORDA, FL 33951-1277</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WHITE, ALAN 15510 BURNT STORE ROAD PUNTA GORDA, FL 33955</b>				Name <b>Star Hospitality Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>6025 Taylor Rd Ste 2</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33950</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 <u><i>Shirley Danks</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u><b>4-29-05</b></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GIPSTEIN, BARRY</b>		NAME		
STREET ADDRESS	<b>3209 SUNSET KEY CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRIDGES, CHARLES H</b>		NAME		
STREET ADDRESS	<b>3201 SUNSET KEY CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HIGLEY, HUGH JR</b>		NAME		
STREET ADDRESS	<b>3273 SUNSET KEY CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PETERSON, WILLIAM</b>		NAME		
STREET ADDRESS	<b>3273 SUNSET KEY CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GODINA, NANCY</b>		NAME		
STREET ADDRESS	<b>3233 SUNSET KEY CIR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KNOX, KEITH</b>		NAME		
STREET ADDRESS	<b>3225 SUNSET KEY CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33955</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Nancy Godina - Nancy Godina</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u><b>4/28/05</b></u> <small>Date</small>		
			Daytime Phone # _____		