2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001344

Entity Name: SUNSET KEY CONDOMINIUM ASSOCIATION, INC.

FILED Feb 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	EY CIRCLE DRDA, FL 339	955					
Current Mailing Address:				New Mailing Address:			
6025 TAYLOR RD #2 PUNTA GORDA, FL 33950				26530 MALLARD WAY PUNTA GORDA, FL 33950			
FEI Number:	59-3481091	FEI Number Applied For ()	FEI Number	r Not Appli	icable ()	Certificate of Status Desire	d ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
STAR HOSPITALITY MANAGEMENT 6025 TAYLOR ROAD, SUITE 2 PUNTA GORDA, FL 33950 US				STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY PUNTA GORDA, FL 33950 US			
The above in the State		submits this statement for the pu	urpose of ch	nanging it	s registered o	ffice or registered agent,	or both,
SIGNATURE:				02/17/2009			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name:	HUGH, HIGLEY 3257 SUNSET PUNTA GORDA D () PETERSON, G	KEY CIRCLE , FL 33955 Delete EORGE	Add Cit Titl Na	me: dress: y-St-Zip: e: me:	PETERSON, W 3273 SUNSET I PUNTA GORDA VP (X) PETERSON, GI	KEY CIRCLE , FL 33955) Change () Addition EORGE	
Address: City-St-Zip:	3201 SUNSET PUNTA GORDA			dress: y-St-Zip:	3201 SUNSET I PUNTA GORDA		
Title: Name: Address: City-St-Zip:	S () LARSEN, LARF 3285 SUNSET PUNTA GORDA	KEY CIRCLE	Add	le: me: dress: y-St-Zip:	()	Change () Addition	
Title: Name:	D () WEICKER, KAT	Delete HRYN	Titl Na	le: me:	()	Change () Addition	

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.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: NANCY GODINA P 02/17/2009

3325 SUNSET KEY CIRCLE

PUNTA GORDA, FL 33955

GODINA, NANCY

NIXON. JERROLD

3233 SUSET KEY CIR.

PUNTA GORDA, FL 33955

3261 SUNSET KEY CIRCLE

PUNTA GORDA, FL 33955

() Delete

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Address:

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City-St-Zip:

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Address: City-St-Zip:

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