08301999-90011-042-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 1:12

610790-90011-42

DOCUMENT # N98000003496

1. Corporation Name
SUNSET CAY VILLAS V CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
25000 TAMIAMI TRAIL EAST NAPLES FL 34114	25000 TAMIAMI TRAIL EAST NAPLES FL 34114

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/15/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number [X] Applied For [ ] Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STANLEY, JOHN F 2660 AIRPORT ROAD SOUTH NAPLES FL 34112	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D [ ] DELETE NAME HARDY, ROBERT S STREET ADDRESS 6289 BURNHAM ROAD CITY-ST-ZIP NAPLES FL 34119		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE D [ ] DELETE NAME BURGESON, RICHARD STREET ADDRESS 4500 EXECUTIVE DR., STE. 100 CITY-ST-ZIP NAPLES FL 34119		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE D [ ] DELETE NAME BURGESON, KARI STREET ADDRESS 455 EXECUTIVE DR., STE. 100 CITY-ST-ZIP NAPLES FL 34119		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)