2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State
05-03-2006 90221 012 ****61.25

66021639

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1. Entity Name
SUNSET CAY VILLAS VI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
834 BALD EAGLE DR. MARCO ISLAND, FL 34145	834 BALD EAGLE DR. SUITE 52 MARCO ISLAND, FL 34145

04132006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1087960 ☐ Applied For ☐ Not Applicable

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
KRAUS, CHERYL R 1072 GOODLETTE RD. N. NAPLES, FL 34102	Name ~~Ballenger~~ Kraus & Ballenger, PA Street Address (P.O. Box Number is Not Acceptable) 1072 Goodlette Rd. N. City Naples FL Zip Code 34102

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 _____ CHERYL R KRAUS PRES 6/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LICCARDI, ANDREWS 162 NEWPORT DR. #1207 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHALKER, JOSEPH 162 NEWPORT DR., #1204 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MAGLEY, ROBERT 162 NEWPORT DR., #1202 NAPLES, FL 34114	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Connelly, ~~Corinne~~ CORINNE 162 Newport Dr. #1208 Naples, FL 34114	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Corinne Connelly Corinne Connelly 05/01/06 239-389-8446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #