
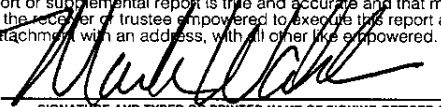


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90031 013 \*\*\*\*61.25

<b>DOCUMENT # N98000006867</b> 1. Entity Name SUNSET KEY COTTAGE ASSOCIATION, INC.			
Principal Place of Business 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444		Mailing Address 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444	
2. Principal Place of Business 1001 E Atlantic Ave Suite, Apt. #, etc. Suite 202 City & State Delray Beach, FL Zip 33483 Country US		3. Mailing Address 1000 Market Street Suite, Apt. #, etc. Suite 300 City & State Portsmouth, NH Zip 03801 Country US	
		4. FEI Number NOT APPLICABLE	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD H 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPS WALSH, MARK 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 E Atlantic Ave, Suite 202 Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WALSH, MICHAEL 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 E Atlantic Ave, Suite 202 Delray Beach, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WALSH, WILLIAM 1000 MARKET ST PORTSMOUTH, NH 03801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: Mark Walsh 2/4/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (561) 279-9900	