


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000006867
 1. Entity Name
 SUNSET KEY COTTAGE ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1001 E. ATLANTIC AVE #202 1001 E. ATLANTIC AVE #202
 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483



01202006 No Chg-NP CR2E037 (11/05)

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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

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000531509
 05/06/06-80047-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS WALSH, MARK 1001 E. ATLANTIC AVE #202 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT WALSH, MICHAEL 1001 E. ATLANTIC AVE #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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Mark Walsh* *Walt Walsh, Pres* 1/26/06 (561) 299-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #