2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90147 035 ****61.25

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01082007 Chg-NP CR2E037 (12/06)

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1. Entity Name
SUNSET KEY COTTAGE ASSOCIATION, INC.

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State	City & State Portsmouth, NH
Zip / Country	Zip 03801 / Country US

4. FEI Number NOT APPLICABLE — ☐ 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
CRITCHFIELD, RICHARD H 1100 LINTON BLVD., STE. C-9 DELRAY BEACH, FL 33444	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 _____
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, 2007

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	DPS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALSH, MARK	NAME	
STREET ADDRESS	1001 E. ATLANTIC AVE #202	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE	DVT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALSH, MICHAEL	NAME	
STREET ADDRESS	1001 E. ATLANTIC AVE #202	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	
TITLE	DVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALSH, WILLIAM	NAME	
STREET ADDRESS	1000 MARKET ST	STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH, NH 03801	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 1/26/07 (603)559-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William Walsh, Vice President