


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90081 027 ****61.25

DOCUMENT # N99000003306

1. Entity Name
SUNSET STREAM RECREATION ASSOCIATION, INC.



Principal Place of Business
**C/O INTEGRATED PROPERTY MGMT
 3435-10TH STREET N # 201
 NAPLES, FL 34103**

Mailing Address
**C/O INTEGRATED PROPERTY MGMT
 3435-10TH STREET N # 201
 NAPLES, FL 34103**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 *Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**HENNELLS, SCOTT
 WEIBEL & HENNELLS
 9240 BONITA BEACH RD, SUITE 3305
 BONITA SPRINGS, FL 34135**

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)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTOLETTI, JOSEPH 23576 SANDYCREEK TERR BONITA SPRINGS, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLAND, RON 23580 SANDYCREEK TERR BONITA SPRINGS, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRATTON, SAMUEL 9161 SPRING RUN BLVD BONITA SPRINGS, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VISCOTT, ALLEN 9161 SPRING RUN BLVD. BONIT SPRINGS, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUGATE, BERNARD 23591 SANDYCREEK TERR. BONITA CREEK, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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: John P. McCann
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR



03252005 Chg-NP CR2E037 (10/03)

4. FEI Number **65-1099388** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

4/07/05 390.9463
Date Daytime Phone #