


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90007 001 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02292008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**SHIELDS, CHRISTOPHER J  
 1833 HENDRY ST  
 POB 1507  
 FORT MYERS, FL 33902**

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 \_\_\_\_\_  
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, 2008**

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 PALLETT, KEVIN 23566 SANDYCREEK TERRACE #1408 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CANIFF, JAY 23581 SANDY CRK TERR STE 1103 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WARREN, PATRICIA 9161 SPRING RUN BLVD 1708 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGG, BINNIE 23591 SANDYCREEK TERRACE, #1601 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Allen, Tr., Ronnie 23571 Sandycreek Terrace #1201 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Bragg, Binnie 23581 Sandycreek Terrace #1109 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Ferri Sr., Ellie 23591 Sandycreek Terrace #1007 Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Taylor, Gerge 23581 Sandycreek Terrace #1102 Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warren, Patricia 9161 Spring Run Blvd. #1708 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** James L. Allen - President **3/25/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #