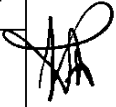
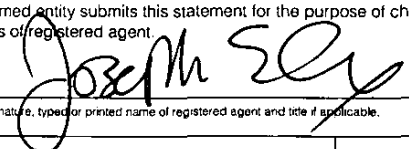


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000003306 1. Entity Name SUNSET STREAM RECREATION ASSOCIATION, INC.						FILED 08 JUN -4 PM 2:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 #		3. Mailing Address		04292008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-1099388		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHIELDS, CHRISTOPHER J 1833 HENDRY ST POB 1507 FORT MYERS, FL 33902				Name Becker & Poliakoff			
				Street Address (P.O. Box Number is Not Acceptable) Mr. Joseph Adams			
				14241 Metropolis Ave, Ste 100			
				City Ft. Myers, FL		Zip Code 33912	
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 4/30/08	
Amended AR is \$61.25				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	DP ALLEN, RONNIE T 23571 SANDYCREEK TERRACE #1201 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800131407878 06/17/08--01018--006 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FERRI SR, ELITE 23591 SANDYCREEK TERRACE #1007 BONITA SPRINGS, FL 34135	<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	D TAYLOR, GEORGE 23581 SANDYCREEK TERRACE #1102 BONITA SPRINGS, FL 34135	<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	D WARREN, PATRICIA 9161 SPRING RUN BLVD #1708 BONITA SPRINGS, FL 34135	<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 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: 				(NOTE: Registered Agent signature required when reinstating)		DATE 5/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Daytime Phone #	