2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003306

FILED Feb 05, 2009 Secretary of State

Entity Name: SUNSET STREAM RECREATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O INTEGRATED PROPERTY MGMT 3435-10TH STREET N # 201 NAPLES, FL 34103 **New Mailing Address: Current Mailing Address:** C/O INTEGRATED PROPERTY MGMT 3435-10TH STREET N # 201 NAPLES, FL 34103 FEI Number: 65-1099388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BECKER & POLIAKOFF** C/O MR. JOSEPH ADAMS 14241 METROPLOIS AVE., STE. 100 FORT MYERS, FL 33912 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ALLEN. RONNIE T Name: Name: 23571 SANDYCREEK TERRACE #1201 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: DST () Delete Title: DST (X) Change () Addition FERRI SR, ELITE Name: FERRI, ELLIE Name: Address: 23591 SANDYCREEK TERRACE #1007 Address: 23591 SANDYCREEK TERRACE #1007 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: () Change () Addition TAYLOR, GEORGE Name: Name: 23581 SANDYCREEK TERRACE #1102 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: () Delete Title: DVP (X) Change () Addition Name: WARREN, PATRICIA Name: BRAGG, BINNIE 9161 SPRING RUN BLVD #1708 29581 SANDYCREEK TERRACE #1109 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: () Delete Title: () Change (X) Addition GULLOTTI, STEVE Name: Name: 9189 SPRING RUN BLVD., #1903 Address: Address: BONITA SPRINGS, FL 34135 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE ALLEN DP 02/05/2009