上記 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 15, 2007 8:00 am Secretary of State

DOCUMENT # N9900004653 1. Entity Name SUNSET CAY VILLAS VII CONDOMINIUM ASSOCIATION, INC.			ν,	0	5-15-2007	90005 015	5 ****61	.25	
834 BALD EAGLE DR 834		Mailing Address 834 BALD EAGLE DR MARCO ISLAND, FL 34	145						
2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address	Mailing Address		11 IOUS VOLU LOUS BE	1911 43 114 44 114 3 13	[1, 1440) (3166 III	III.BE EI BEML	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282007	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State		4. FEI Number 65-09968	07		 -	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	Status Desired		8.75 Add		
	6. Name and Address of Current F	legistered Agent		7. Name and Ad	dress of New				
TROTTLER, HEIDI			Name	Name					
	PORT DR		Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, I	FL 34114								
			City			FL	Zip Code	9	
		the purpose of changing its	registered office or reg	gistered agent, or both, i	n the State of F	orida. I am fa	amiliar with,	and accept	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature re	equired when reinstating)		DATE			
·	Signature, typed or printed name of registered agent e Filling Fee is \$61.25 Due by May 1, 2007		npaign Financing	\$5.00 May Be Added to Fees	Flo	DATE Make check rida Depart	ment of St	one tate	
10.	Filing Fee is \$61,25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be	Flo	Make check rida Depart	ment of St ECTORS IN	ate 10	
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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 into addition 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 oillier, as director of the corporation or the receiver principle of the secure 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: _

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5/11/07 7/84684