

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

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90363 010 \*\*\*\*61.25

**DOCUMENT # N99000004653**

1. Entity Name  
**SUNSET CAY VILLAS VII CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business

**834 BALD EAGLE DR  
MARCO ISLAND, FL 34145**

Mailing Address

**834 BALD EAGLE DR  
MARCO ISLAND, FL 34145**



04042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0996807**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TROTTLER, HEIDI  
154 NEW PORT DR  
#1305  
NAPLES, FL 34114**

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IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TROTTIER, HEIDI
STREET ADDRESS	154 NEWPORT DR #1305
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	ST
NAME	KOLLIN, TOM
STREET ADDRESS	7620 RAINVIEW COURT
CITY-ST-ZIP	HUBER HEIGHTS, OH 45424
TITLE	V
NAME	STUMPE, CHARLES
STREET ADDRESS	0523 EAST MULBERRY ST.
CITY-ST-ZIP	LA PORTE, IN 46350
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 9 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**TREAS. CHARLES J. STUMPE**

(219) 798-7689

4/10/08