

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004653

FILED
Apr 14, 2009
Secretary of State

Entity Name: SUNSET CAY VILLAS VII CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

834 BALD EAGLE DR
MARCO ISLAND, FL 34145

New Principal Place of Business:

154 NEWPORT DRIVE
NAPLES, FL 34114

Current Mailing Address:

834 BALD EAGLE DR
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 65-0996807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROSENOW, ROBERT
834 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145 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: ROBERT ROSENOW

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TROTTIER, HEIDI
Address: 154 NEWPORT DR #1305
City-St-Zip: NAPLES, FL 34114

Title: ST () Delete
Name: KOLLIN, TOM
Address: 7620 RAINVIEW COURT
City-St-Zip: HUBER HEIGHTS, OH 45424

Title: V () Delete
Name: STUMPF, CHARLES
Address: 0523 EAST MULBERRY ST.
City-St-Zip: LA PORTE, IN 46350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: KOLLIN, TOM
Address: 7620 RAINVIEW COURT
City-St-Zip: HUBER HEIGHTS, OH 45424

Title: ST (X) Change () Addition
Name: STUMPF, CHARLES
Address: 0523 EAST MULBERRY ST.
City-St-Zip: LA PORTE, IN 46350

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: HEIDI TROTTIER

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date