2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

| DOCUMENT # N9900004656 1. Entity Name SUNSET CAY VILLAS VIII CONDOMINIUM ASSOCIATION, INC. | | | | | 05-02-200 | 06 90427 007 ** | **61.25 | |
|--|--|--|--|--|-------------------------------|--|---|--|
| SUNSET CAY VILLAS VIII RESO 142 NEWPORT DR. 834 | | Mailing Address RESORT MANAGEMENT 834 BALD EAGLE DR. MARCO ISLAND, FL 341 | ESORT MANAGEMENT | | | | | |
| Principal Place of Business 3. Ma | | 3. Mailing Address | Mailing Address | | | | | |
| | | Suite, Apt. #, etc. | | | Chg-NP | CR2E037 (11/0 | | |
| City & State | | City & State | | | 68 | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of S | | Fee Requ | Additional iired | |
| · · · · · · · · · · · · · · · · · · · | 6. Name and Address of Current | Registered Agent | Name | 7. Name and Ad | Idress of New | Registered Agent | | |
| GRUESEL, JAMIE | | | Name | me | | | | |
| 1104 N. COLLIER BLVD. MARCO ISLAND, FL 34145 | | | Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | City FL Zip Code | | | | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its | registered office or r | registered agent, or both, i | in the State of F | 1 | ith, and accept | |
| SIGNATURE | | | | | | | | |
| | Stgnature, typed or printed name of registered agent a | nd title if applicable. (NOTE: | : Registered Agent signature | e required when reinstating) | | DATE | | |
| | Filing Fee is \$61.25 | | paign Financing | \$5.00 May Be Added to Fees | | Make check payable | | |
| 10. | Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Cam Trust Fund Ca | npaign Financing ontribution. | \$5.00 May Be Added to Fees | Flo | Make check payablerida Department o | State | |
| 10. INLE | Filing Fee is \$61.25 | 9. Election Cam Trust Fund C | paign Financing | \$5.00 May Be Added to Fees | Flo | Make check payable or ida Department of ERS AND DIRECTORS | State | |
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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 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: Dan Russell Dan Russell 4-28-06 642-5466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayling Phone #