2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 04, 2005 8:00 am DOCUMENT # P94000083379 Secretary of State 1. Entity Name 05-04-2005 90169 032 ***158.75 SUNSET HARBOR CLUB, INC. Mailing Address Principal Place of Business 5672 STRAND COURT 5672 STRAND COURT NAPLES FL 34110 US 3. Mailing Address 2. Principal Place of Business Suite, 80 FANCHOR RODE DRIVE #106 1st MOORE CR2E034 (10/04) NAPLES, FL 34103 City & StateNAPLES, FL 34103 Applied For 4. FEI Number 65-0536172 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired JSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KELLY, JANET 5672 STRAND COURT SUITE 1 NAPLES FL 34110 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE Change ☐ Addition VΡ TITLE ☐ Delete dy Robert S. 5059 Strand Court#101 NAME HARDY, ROBERTS NAME 5672 STRAND COURT STE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Addition P/D ☐ Defete TITLE TITLE Robert Paul HARDY, ROBERT PAUL NAME NAME Strand Court #101 STREET ADDRESS STREET ADDRESS 5672 STRAND COURT STE 1 CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34110 ☐ Addition Delete TITLE TITLE NAME NAME KELLY, JANET ANCHOR STREET ADDRESS STREET ADDRESS 5672 STRAND COURT #1 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Addition Delete TITLE TITLE KELLY, JANET NAME NAME 5672 STRAND COURT #1 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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 607, 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.

FILED