2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# 726244

Entity Name: SUNSET GROVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-1890454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, CAROLE J
Address: 2095 SUNSET POINT RD, #1704
City-St-Zip: CLEARWATER, FL 33765

Title: VPD ( ) Delete
Name: GEEESLIN, JANET
Address: 1881 N HERCULES AVE #1204
City-St-Zip: CLEARWATER, FL 33765

Title: SD ( ) Delete
Name: KIRKBRIDE, ROBERT
Address: 1881 N HERCULES AVE #1205
City-St-Zip: CLEARWATER, FL 33765

Title: TD ( ) Delete
Name: COGAN, LINDA
Address: 1881 N HERCULES AVE #1304
City-St-Zip: CLEARWATER, FL 33765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JOHNSON, CAROL
Address: 2095 SUNSET POINT RD #1704
City-St-Zip: CLEARWATER, FL 33765

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

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

Title: D (X) Change ( ) Addition
Name: COGAN, LINDA
Address: 1881 N HERCULES AVE #1304
City-St-Zip: CLEARWATER, FL 33765

Title: TD ( ) Change (X) Addition
Name: HENN, TIMOTHY P
Address: 2055 SUNSET POINT RD #3804
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL JOHNSON PD 04/12/2005

Electronic Signature of Signing Officer or Director — Date