2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726244

FILED Feb 28, 2006 Secretary of State

Entity Name: SUNSET GROVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 US **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US FEI Number: 59-1890454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition JOHNSON, CAROL Name: Name: 2095 SUNSET POINT RD #1704 Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition GEEESLIN, JANET Name: GEESLIN, JANET Name: Address: 1881 N HERCULES AVE #1204 Address: 1881 N HERCULES AVE #1204 City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: CLEARWATER, FL 33765 Title: () Delete Title: () Change () Addition KIRKBRIDE, ROBERT Name: Name: 1881 N HERCULES AVE #1205 Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COGAN, LINDA Name: 1881 N HERCULES AVE #1304 Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: Title: () Delete Title: (X) Change () Addition HENN, TIMOTHY P MCCAULEY, DAVID P Name: Name: 2055 SUNSET POINT RD #3804 2055 SUNSET POINT RD #3804 Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: CLEARWATER, FL 33765 Title: () Delete Title: () Change (X) Addition MARTIN, ANITA Name: Name: Address: Address: 2095 SUNSET POINT DR #2004 CLEARWATER, FL 33765 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET GEESLIN VPD 02/28/2006