

OK 1925
5/1/05


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90101 042 ****61.25

DOCUMENT # 744949

1. Entity Name
SUNSET PLAZA EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
680 71ST. AVE.
ST. PETERSBURG BEACH, FL 33706

Mailing Address
250 104TH AVENUE
TREASURE ISLAND, FL 33706

50048959



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02222005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1873314

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAMONT, SUE
250 104TH AVENUE
TREASURE ISLAND, FL 33706

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|--|-------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRAYMORE, KEN RR #1 GLENCAIRN ONTARIO, CANADA, 10m 1k0 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SMITH, RONALD 680 71ST AVE #10 SAINT PETERSBURG, FL 33706 | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD STREBLER, GEORGE 7050 SUNSET WAY #13 SAINT PETERSBURG BEACH, FL 33706 | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---|-------------------------------------|-------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD J.P. TROTIER 455 10 RAN G (ST LOUIS DE BLANK FORD) QUEBEC GOZIBO CANADA | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD STREBLER, GEORGE 7050 SUNSET WAY #13 ST PETERSBURG FL 33706 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: George Strebler **GEORGE STREBLER** 4/15/05 363-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #