


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 756130
 1. Entity Name
SUNRAKER WEST ASSOCIATION, INC.



Principal Place of Business C/O GRAYMAR ENTERPRISES 350-2 GULF BLVD. INDIAN ROCKS BEACH, FL 33785 US	Mailing Address C/O GRAYMAR ENTERPRISES 350-2 GULF BLVD. INDIAN ROCKS BEACH, FL 33785 US
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01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2107613	Applied For <i>Not Applicable</i>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CHRISTNER, MARGARET
 350-2 GULF BLVD
 INDIAN ROCKS BEACH, FL 33785**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRISTNER MARGARET A. 8540 140TH ST. N. SEMINOLE, FL 34646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSSOTA, FRANK F 15603 KINGS PKWY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, REX E 3440 VALLEY RANCH DR LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/28/06-80050-010 61.25

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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: Margaret A. Christner MARGARET A. CHRISTNER 727-596-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 3-15-06 Daytime Phone #