


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90070 022 ****61.25

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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2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip	Country	Zip	Country
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02152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2107613

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHRISTNER, MARGARET
 350-2 GULF BLVD
 INDIAN ROCKS BEACH, FL 33785**

7. Name and Address of New Registered Agent

Name **FRANK F. COSSOTA**

Street Address (P.O. Box Number is Not Acceptable)
15603 KINGS PARKWAY

City **TAMPA** FL Zip Code **33618**

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 *Frank F. Cossota* DATE **3/7/2007**

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, 2007**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank F. Cossota* DATE: **3/7/2007** DAYTIME PHONE #: **813-961-1539**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR