

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000627

FILED
Apr 28, 2005
Secretary of State

Entity Name: HOMEOWNERS' ASSOCIATION OF SUNRISE/SUNSET TOWNHOMES, INC.

Current Principal Place of Business:

3879 CAPE SAN BLAS RD
PORT ST. JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 876
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 59-3715074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GLEASMAN, WAYNE M
COMMUNITY MANAGEMENT SERVICES
431 MCCLOUD ST
ST. GEORGE ISLAND, FL 32328 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: DVP () Delete
Name: AVERY, MEG
Address: 4575 FOREST GREEN DR.
City-St-Zip: SUGAR HILL, GA 30518

Title: DS () Delete
Name: RAUH, DAVID
Address: 809 E. 7TH AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DP () Delete
Name: HAYWOOD, KENNETH
Address: 2746 COUNTYLINE RD
City-St-Zip: ACWORTH, GA 30101

Title: T () Delete
Name: GLEASMAN, WAYNE
Address: 431 MCCLOUD ST
City-St-Zip: ST. GEORGE ISLAND, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WAYNE M GLEASMAN

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04/28/2005

Electronic Signature of Signing Officer or Director

Date