


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90008 008 ****61.25

DOCUMENT # N01000004680

1. Entity Name
PASCO SUNSET LAKES PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business
**15436 NO. FLORIDA AVENUE SUITE 200
 TAMPA, FL 33613**

Mailing Address
**PO BOX 270603
 TAMPA, FL 33688**



2. Principal Place of Business
509 GUIRANDE DE AVILA

3. Mailing Address
509 GUIRANDE DE AVILA

Suite, Apt. #, etc.
SUITE 200

City & State
TAMPA FL

Zip
33613

Country

01212004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**SIERRA, JOHN JR
 15436 NO. FLORIDA AVENUE SUITE 200
 TAMPA, FL 33613**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
509 GUIRANDE DE AVILA

City **TAMPA** State **FL** Zip Code **33613**

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 _____

Filing Fee is \$61.25 Due by May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIERRA, JOHN R JR PO BOX 270603 TAMPA, FL 33688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 509 GUIRANDE DE AVILA TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAY, THOMAS H PO BOX 270603 TAMPA, FL 33688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DST 509 GUIRANDE DE AVILA TAMPA FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIGGS, MERRY V PO BOX 270603 TAMPA, FL 33688 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP ALTMAN, ALAN 21010 LAKE VIENNA DR LAND O LAKE FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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 another like empowered.

SIGNATURE: Thomas H. Gray - **THOMAS H. GRAY** Date: 1/21/04 Days/Time Phone #: 813-963-5856