
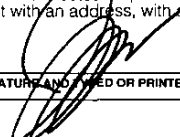


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90145 022 ****61.25

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|---|---|--|---|--|--|
| DOCUMENT # N01000004680 | | | |  | |
| 1. Entity Name PASCO SUNSET LAKES PROPERTY OWNER'S ASSOCIATION, INC. | | | | | |
| Principal Place of Business 509 GUI SANDO DE AVILA STE. 200 TAMPA, FL 33613 | | Mailing Address PO BOX 270603 TAMPA, FL 33688 | | | |
| 2. Principal Place of Business | | 3. Mailing Address 509 GUI SANDO DE AVILA | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. #200 | | | |
| City & State | | City & State TAMPA, FL | | 4. FEI Number 59-3743611 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33613 | | Country | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SIERRA, JOHN JR 509 GUI SANDO DE AVILA TAMPA, FL 33613 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 509 GUI SANDO DE AVILA TAMPA, FL 33613 <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 | DST GRAY, THOMAS H 509 GUI SANDO DE AVILA TAMPA, FL 33613 <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 | VP ALTMAN, ALAN 21010 LAKE VIENNA DR. LAND O LAKES, FL 34639 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | XX Change <input type="checkbox"/> Addition LAND O LAKES, FL 34638 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change XX Addition VP RUSS BROWN 3211 SUNSET LAKES BLVD LAND O LAKES, FL 34638 | | |
| 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 all other like empowered. | | | | | |
| SIGNATURE:  | | JOHN R. SIERRA JR | | 3-2-05 813 943-5856 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |