


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000004680 1. Entity Name PASCO SUNSET LAKES PROPERTY OWNER'S ASSOCIATION, INC.	
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FILED
08 JUN 13 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4131 GUNN HWY TAMPA, FL 33613	Mailing Address 4131 GUNN HWY TAMPA, FL 33613
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05232008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent FRISCIA, FRANCIS E ESQ MEIROSE & FRISCIA P.A. 500 N WESTSHORE BLVD STE 830 TAMPA, FL 33609	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number 59-3743611	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLASHER, RAY P.O. BOX 341319 TAMPA, FL 33694	<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 35%; padding: 5px;"> VDP Quartaro, Ron 21350 Lake Vienna Drive Land O'Lakes, FL 34638 </td> <td style="width: 15%; padding: 5px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP Quartaro, Ron 21350 Lake Vienna Drive Land O'Lakes, FL 34638	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP GRANT, KAREN 3101 OLIVIA COURT LAND O' LAKES, FL 34638	<input checked="" type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 35%; padding: 5px;"> D Ackerman, Barry 21015 Broadwater Drive Land O'Lakes, FL 34638 </td> <td style="width: 15%; padding: 5px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ackerman, Barry 21015 Broadwater Drive Land O'Lakes, FL 34638	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Raymond L. Flecker 5/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR