

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004680

FILED  
Apr 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33613

**New Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33613

**New Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618

FEI Number: 59-3743611

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FRISCIA, FRANCIS E ESQ  
MEIROSE & FRISCIA P.A.  
500 N WESTSHORE BLVD STE 830  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

FRISCIA, FRANCIS E ESQ  
MEIROSE & FRISCIA P.A.  
5550 W. EXECUTIVE DR SUITE 250  
TAMPA, FL 33609 US

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: FRANCIS FRISCIA

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, ROBERT  
Address: 20833 BROADWATER DR.  
City-St-Zip: LAND O'LAKES, FL 34638

Title: VD ( ) Delete  
Name: CUMMINGS, STAN  
Address: 20756 LAKE VIENNA DR.  
City-St-Zip: LAND O'LAKES, FL 34638

Title: SD ( ) Delete  
Name: PUGLISI, LAUREN  
Address: 3211 SUNSET LAKES BLVD.  
City-St-Zip: LAND O' LAKES, FL 34638

Title: TD (X) Delete  
Name: MOUSOUR, MARK  
Address: 20808 LAKE VIENNA DRIVE  
City-St-Zip: LAND O' LAKES, FL 34638

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILLIAMS, ROBERT  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: VD (X) Change ( ) Addition  
Name: CUMMINGS, STAN  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: ST (X) Change ( ) Addition  
Name: MOUSOUR, MARK  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT WILLIAMS

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date