

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90135 017 ****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**

22004404



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number **59-3743611**
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

FILE NOW: FEE IS \$61.25

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		
TITLE: DP	SIERRA, JOHN R JR	<input type="checkbox"/> Delete
STREET ADDRESS: PO BOX 270603	TAMPA FL 33688	
TITLE: DV	GRAY, THOMAS H	<input type="checkbox"/> Delete
STREET ADDRESS: PO BOX 270603	TAMPA FL 33688	
TITLE: DST	DIGGS, MERRY V	<input type="checkbox"/> Delete
STREET ADDRESS: PO BOX 270603	TAMPA FL 33688	
TITLE:		<input type="checkbox"/> Delete
STREET ADDRESS:		
TITLE:		<input type="checkbox"/> Delete
STREET ADDRESS:		
TITLE:		<input type="checkbox"/> Delete
STREET ADDRESS:		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		

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: **SIGNATURE OF JOHN SIERRA JR** 1-24-03 813 962-0440

CR2E037 (10/02)