

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90008 026 ****61.25

DOCUMENT # N02000004821

1. Entity Name
SUNSET BAY CLUB MEMBERS ASSOCIATION, INC.



Principal Place of Business
**4700 MILLENIA BLVD
STE 340
ORLANDO, FL 32839**

Mailing Address
**4700 MILLENIA BLVD
STE 340
ORLANDO, FL 32839**

50003718



2. Principal Place of Business
4331 Figi Drive
Suite, Apt. #, etc.

3. Mailing Address
4331 Figi Drive
Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State
New Port Richey, FL

City & State
New Port Richey, FL

4. FEI Number
31-1819085

Applied For
Not Applicable

Zip **34653** Country **U.S.A.**

Zip **34653** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

**KIRKLAND, PATRICK B
4700 MILLENIA BLVD
STE 340
ORLANDO, FL 32839**

7. Name and Address of New Registered Agent

Name
Joseph R. Cianfrone, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1964 Bayshore Blvd.

City **Dunedin** **FL** Zip Code **34698**

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

[Handwritten Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **D** ☒ Delete
NAME **KIRKLAND, PATRICK B**
STREET ADDRESS **4360 CHAMBLEE DUNWOODY RD., STE. 407**
CITY-ST-ZIP **ATLANTA, GA 30341**

TITLE **D** ☒ Delete
NAME **KIRKLAND, PATRICK B**
STREET ADDRESS **4700 MILLENIA BLVD., STE 340**
CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Bill Cosgriff**
STREET ADDRESS **7 Cornelia St., Suite 5C**
CITY-ST-ZIP **New York, NY 10014**

TITLE **D** ☒ Change ☐ Addition
NAME **David Angel**
STREET ADDRESS **1 East 33rd St., 12th Floor**
CITY-ST-ZIP **New York, NY 10016**

TITLE **D** ☐ Change ☒ Addition
NAME **Karen Bowman**
STREET ADDRESS **7032 Stirrup Court**
CITY-ST-ZIP **Weddington, NC 28104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Handwritten Signature] **Karen Bowman**

1/11/05 704 849 9580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #