


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

02-12-2007 90082 009 ****61.25

DOCUMENT # N05000006532			
1. Entity Name THE SUNSET INLET CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2251 ST. JOHNS BLUFF RD. S. JACKSONVILLE FL 32246		Mailing Address 2251 ST. JOHNS BLUFF RD. S. JACKSONVILLE FL 32246	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HERMAN, CAROLYN ESO. 830 S. THIRD ST., STE. 104 JACKSONVILLE BEACH FL 32250		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 _____ <small>Signature, typed or printed name of registered agent and its officer (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HALL, MICHAEL G.	NAME	
STREET ADDRESS	2251 ST. JOHNS BLUFF RD. S.	STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32246	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROSS, JAMES	NAME	
STREET ADDRESS	2251 ST. JOHNS BLUFF RD. S.	STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32246	CITY ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CARLSON, FRED W.	NAME	
STREET ADDRESS	2251 ST. JOHNS BLUFF RD. S.	STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32246	CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Michael G. Hall</u> MICHAEL G. HALL		1/30/07 (904)645 0003	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	