

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000248

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE SPA AT SUNSET ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10380 FOX TRAIL RD SOUTH
WEST PALM BEACH, FL 33411

New Principal Place of Business:

% A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, SUITE #110
BOCA RATON, FL 33487

Current Mailing Address:

10380 FOX TRAIL RD SOUTH
WEST PALM BEACH, FL 33411

New Mailing Address:

% A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, SUITE #110
BOCA RATON, FL 33487

FEI Number: 20-4409436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANGOS, LOUIS C
902 CLINT MOORE RD.
#110
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

LEVINE, SCOTT
1900 N. COMMERCE PARKWAY
WESTON, FL 33326 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: SCOTT LEVINE

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SALAZAR, GREGORIO
Address: 10380 FOX TRAIL RD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD () Delete
Name: BAZOS, JOHN
Address: 10380 FOX TRAIL RD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: SHAFFER, CHRISTINE
Address: 10380 FOX TRAIL RD
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GREGORIO SALAZAR

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date