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

DOCUMENT # N31256

1. Entity Name

THE SUNSET LANDING ASSOCIATION, INC.



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90115 040 ****61.25

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Principal Place of Business 5528 SUNSET LANDING CIRCLE ST. AUGUSTINE FL 32090-7367 US			Mailing Address 5528 SUNSET LANDING CIRCLE ST. AUGUSTINE FL 32080-7367 US					1 11 111111 511 111	BA 11842 14871 SANTA STIN STERN	11811 81811 81811 811	1) 8(64) (18 1	
2. Principal Place of Business 3.				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable					
Zip Country			Zip	Zip Cour				5. Certificate of Status Desired Fee Required Fee				
6. Name and Address of Current Reg				istered Agent			7. Name and Address of New Registered Agent					
						Name						
STANLEY, JACK 5501 SUNSET LANDING CIR					Street Address (P.O. Box Number is Not Acceptable)							
ST AUGUSTINE FL 32080					City	·		F	■ Zip Code	e		
										-		
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												
FILE NUW: FEE IS SOLAS					ection Campaign Financing st Fund Contribution.			\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable ertment of S		
10. OFFICERS AND DIRECTORS					11.		Α	ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	10	
TITLE	PD			☐ Delete	TITL					☐ Change	Addition	
NAME '	STANLEY,	JACK		L Delete	NAM							
STREET ADDRESS						ET ADDRESS						
	5501 SUNSET LANDING CR.											
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NAME	LANGDON, ELIZABETH				E	GET !	murati, a	EORGE T.		ľ		
STREET ADDRESS	5532 SUNETT LANDING CR.			STRE			ADDRESS 5328 SUNEET LANDING CIACLE					
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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: