## May 02, 2005 8:00 am 2005 NOT-FOR-PROFIT CORPORATION Secretary of State **ANNUAL REPORT** 05-02-2005 90404 039 \*\*\*\*61.25 **DOCUMENT # N95000005152** SIR MICHAEL'S PLACE HOMEOWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address 14013749 25121 DIVOT DRIVE 381 INTERSTATE BLVD BONITA SPRINGS, FL 34135 SARASOTA, FL 34240 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number 36-4108212 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUN VAST MANAGEMENT & SVCS INC 381 INTERSTATE BLVD Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34240 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. MLE Addition TITLE ☐ Delete ☐ Channe CARPENTER, MARK NAME NAME 569 INTERSTATE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP Delete 🔽 Addition MICHAEL WIDEMAN JEFFRIES, JIM NAME NAME 569 Fortestite Blud STREET ADORESS 569 INTERSTATE BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP Delete TITLE TILE ☐ Chance Addition [ TALASHIA JANSEN KELLER, CHRISTIE NAME NAME 569 Instendate Blud. STREET ADDRESS 569 INTERSTATE BLVD STREET ADDRESS SARASOTA, FL 34240 CITY-ST-ZIP CITY-ST-ZIP Scrasata To 34240 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Channe ☐ Addition

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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #

**FILED**