


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90404 039 ****61.25

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| DOCUMENT # N95000005152 | |  | |
| 1. Entity Name SIR MICHAEL'S PLACE HOMEOWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 25121 DIVOT DRIVE BONITA SPRINGS, FL 34135 US | | Mailing Address 381 INTERSTATE BLVD SARASOTA, FL 34240 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 4. FEI Number 36-4108212 | |
| | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SUN VAST MANAGEMENT & SVCS INC 381 INTERSTATE BLVD SARASOTA, FL 34240 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARPENTER, MARK | NAME | |
| STREET ADDRESS | 569 INTERSTATE BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA, FL 34240 | CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> Delete | TITLE | Y <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JEFFRIES, JIM | NAME | MICHAEL WIDEMAN |
| STREET ADDRESS | 569 INTERSTATE BLVD | STREET ADDRESS | 569 Interstate Blvd |
| CITY-ST-ZIP | SARASOTA, FL 34240 | CITY-ST-ZIP | Sarasota FL 34240 |
| TITLE | S <input checked="" type="checkbox"/> Delete | TITLE | TS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KELLER, CHRISTIE | NAME | TALATHIA JANSEN |
| STREET ADDRESS | 569 INTERSTATE BLVD | STREET ADDRESS | 569 Interstate Blvd. |
| CITY-ST-ZIP | SARASOTA, FL 34240 | CITY-ST-ZIP | Sarasota FL 34240 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: _____ | | Date: 4/29/05 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Daytime Phone #</small> | |