


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90040 018 ****61.25

DOCUMENT # N00000002107	
1. Entity Name SUNSET COVE OF TREASURE ISLAND HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 267-75TH AVENUE SAINT PETERSBURG BEACH, FL 33706	Mailing Address 267-75TH AVENUE SAINT PETERSBURG BEACH, FL 33706
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50024383



2. Principal Place of Business 8573 SUNSET COURT Suite, Apt. #, etc.	3. Mailing Address LAMONT MANAGEMENT 250 104TH AV. Suite, Apt. #, etc.
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07172006 Chg-NP CR2E037 (4/06)

City & State TREASURE ISLAND, FL	City & State TREASURE ISLAND, FL
Zip 33706	Zip 33706
Country USA	Country USA

4. FEI Number 59-3639585	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HILL, LEONARD LAMONT MANAGEMENT 250 104TH AV. SAINT PETERSBURG, FL 33706

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  (NOTE: Registered Agent signature required when reinstating) **DATE**

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE VP	<input type="checkbox"/> Delete
NAME LUNDY, MARK	
STREET ADDRESS 8575 EAST BAY DRIVE	
CITY-ST-ZIP TREASURE ISLAND, FL 33706	
TITLE P	<input type="checkbox"/> Delete
NAME BROWN, DOUG	
STREET ADDRESS 8573 SUNSET CT.	
CITY-ST-ZIP TREASURE ISLAND, FL 33706	
TITLE S	<input type="checkbox"/> Delete
NAME LETIZIO, LISA	
STREET ADDRESS 3006 B W JULIA STREET	
CITY-ST-ZIP TAMPA, FL 33629	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **7/25/6** **727-360-1753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #