

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753506

Entity Name: SUNSET COVE ASSOCIATION, INC.**Current Principal Place of Business:**8565 & 8567 W GULF BLVD
TREASURE ISLAND, FL 33706**Current Mailing Address:**C/O LAMONT MANAGEMENT
250 104TH AVENUE
TREASURE ISLAND, FL 33706-4846 US**FEI Number:** 59-1727838**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMONT, SUE
250 104TH AVE
TREASURE ISLAND, FL 33706 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:** SUE LAMONT

02/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	TUTKO, MIKE
Address	C/O LAMONT MANAGEMENT 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706-4846

Title	T
Name	FISH, JOHN
Address	C/O LAMONT MANAGEMENT 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706-4846

Title	D
Name	MAXEMUIK, MARGERY
Address	C/O LAMONT MANAGEMENT 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706-4846

Title	S
Name	MENZIES, GEORGE
Address	C/O LAMONT MANAGEMENT 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706-4846

Title	D
Name	ZYMA, MARGARET
Address	C/O LAMONT MANAGEMENT 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706-4846

Title	DIRECTOR
Name	TRAUTH, JAMES
Address	C/O LAMONT MANAGEMENT 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706-4846

I hereby 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 all other like empowered.

SIGNATURE: MIKE TUTKO

PRESIDENT

02/09/2015

Electronic Signature of Signing Officer/Director Detail

Date