

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767825

**Entity Name:** SUNSET VILLAGE, INC.**Current Principal Place of Business:**C/O RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777**Current Mailing Address:**RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 US**FEI Number:** 59-2267647**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONATHAN DAMONTE  
12110 SEMINOLE BLVD.  
LARGO, FL 33778 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           LOHRMAN, ROBERT D.  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name           THOMAS, JOHN  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            S  
Name           BOSKE, CHRISTINA  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name           CALANDRA , DOMINIC  
Address        C/O RESOURCE PROPERTY  
MANAGEMENT  
7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name           BARNES, DONALD  
Address        C/O RESOURCE PROPERTY  
MANAGEMENT  
7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name           BLACKWOOD , JEFF  
Address        C/O RESOURCE PROPERTY  
MANAGEMENT  
7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name           TIBBO, WAYNE  
Address        7300 PARK ST.  
City-State-Zip: SEMINOLE FL 33777

Title            VP  
Name           CLAY, REGINALD  
Address        7300 PARK ST  
City-State-Zip: SEMINOLE FL 33777

**Continues on page 2**

*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: ROBERT D. LOHRMAN****PRESIDENT****02/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TREASURER
Name	THRASHER, GARY
Address	C/O RESOURCE PROPERTY MANAGEMENT 7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777