2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701239

FILED Mar 01, 2009 Secretary of State

Entity Name: SUN SET COOPERATIVE APARTMENTS, INC.

Current Principal Place of Business:				New Principal Place of Business:		
ATTN. TRI	VERSIDE DR. EASURER) BEACH, FL 3:	3062				
Current Mailing Address:				New Mailing Address:		
ATTN. TRI	VERSIDE DR. EASURER) BEACH, FL 3:	3062				
FEI Number:	59-1002605	FEI Number Applied For	r() FEI Nui	mber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Ag	ent:	Name and Address	of New Registered Agent:	
1110 N RÍV	ROSEANN PR /ERSIDE DR) BEACH, FL 3:					
	named entity su of Florida.	ubmits this statement t	for the purpose o	of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:					
	Electronic	Signature of Registe	red Agent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TREA () [HARTMANN, EDV 1110 N. RIVERSI POMPANO BEAC	DE DR.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PRES () E GIEGLER, ROSE 1110 N RIVERSII POMPANO BEAC	DE DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () [PETROSILLO, CA 1110 N RIVERSII POMPANO BEAC	DE DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	OFCR () E BARRETT, WALT 1110 N RIVERSII POMPANO BEAC	DE DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () E BROOKS, ARTHI 1110 N. RIVERSI POMPANO BEAC	DE DR		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSEANN M. GIEGLER PRES 03/01/2009