


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90014 033 \*\*\*\*61.25

<b>DOCUMENT # 716968</b> 1. Entity Name <b>SUNSET PLAZA APARTMENTS, INC., NO. 1, A CONDOMINIUM</b>					
Principal Place of Business <b>7050 SUNSET WAY ST PETERSBURG BEACH, FL 33706</b>			Mailing Address <b>250 104TH AVENUE TREASURE ISLAND, FL 33706</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>251 S. ISLE DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>ST PETE BEACH FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-2413025</b>	
33706		US		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAMONT, SUE 250 104TH AVENUE TREASURE ISLAND, FL 33706</b>			7. Name and Address of New Registered Agent Name <b>RICHARD W. GERMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>251 S. ISLE DR</b> City <b>ST PETE BEACH</b> <b>FL</b> Zip Code <b>33706</b>		
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 <u><i>R.W. German</i></u> <b>R.W. GERMAN</b> <b>3-6-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GUERTIN, JOSEPH R 7050 SUNSET WAY #35 ST PETE BEACH, FL 33706	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANN MERRICK 1070 KENNEDY BLVD # 4C BAYONNE NJ 07002-2050	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV RECINOS, DORIS 3202 W KIRBY ST TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOSEPH GUERTIN 7050 SUNSET WAY #35 ST PETE BEACH FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PERRY, TOM 100 WARRENS POND RD TOANO, VA 23168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ANITA SCHULER 7050 SUNSET WAY #16 ST PETE BEACH FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PERRY, CYNTHIA 100 WARRENS POND RD TOANO, VA 23168x	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD YVONNE FLEMING 500 KINGS RD # 1105 SYDNEY, NS, CANADA B1S-1B2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPEK, CATHY 7050 SUNSET WAY #5 ST PETE BEACH, FL 33706	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREG SCILLITANI 5036 LAKE HURST CT PALMETTO FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAT MACERA 296 GREENVILLE AVE JOHNSTON RI 02919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u><i>Ann Merrick</i></u> <b>Ann Merrick, President 3/4/08</b> <b>122-360-3122</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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