2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# 726646

Entity Name: HOUSE OF THE SUN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6518 MIDNIGHT PASS RD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

6518 MIDNIGHT PASS RD
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1785839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARRIS, ROBERT
6518 MIDNIGHT PASS RD
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GLOTZ, WILLIAM
Address: 18041 VOSS DRIVE
City-St-Zip: ORLAND PARK, IL 60467

Title: VPD ( ) Delete
Name: PARRIS, ROBERT
Address: 6518 MIDNIGHT PASS RD. #502
City-St-Zip: SARASOTA, FL 34242

Title: TD ( ) Delete
Name: VUKONICH, WILLIAM
Address: 2311 BIRCHWOOD LANE
City-St-Zip: JOLIET, IL 60435

Title: D ( ) Delete
Name: RAGI, ELIAS
Address: 163 PRESIDENTS WALK
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: PD ( ) Delete
Name: DEMARCO, LEO
Address: 1 PLEASANT ST
City-St-Zip: MALDEN, MA 02148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: GLOTZ, WILLIAM
Address: 18041 VOSS DRIVE
City-St-Zip: ORLAND PARK, IL 60467

Title: D (X) Change ( ) Addition
Name: PARRIS, ROBERT
Address: 6518 MIDNIGHT PASS RD. #502
City-St-Zip: SARASOTA, FL 34242

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: RAGI, ELIAS
Address: 163 PRESIDENTS WALK
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LEO DEMARCO PD 04/27/2007

Electronic Signature of Signing Officer or Director — Date