2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMEN 1 # 726646 1. Entity Name HOUSE OF THE SUN CONDOMINIUM ASSOCIATION, INC.									04-	16-200	8 900	016 02	6 ****61	.25
Principal Place of Business 6518 MIDNIGHT PASS RD SARASOTA, FL 34242			Mailing Address 6518 MIDNIGHT PASS RD SARASOTA, FL 34242											
2. Principal Place of Business - No P.O. Box #			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03142008	Ch	g-NP	(CR2E03	37 (12/06)	
City & State			City & State				E0 4705000					pplied For ot Applicable		
Zip	Zip Country		Zip		Cou	ntry		5. Certificate of Status Desired See Required Fee Required						
	6. Name	and Address of Current	Registered Age	ent				7. Name an		ess of Ne	w Regi	stered /	Agent	
PARRIS, F	ROBERT					Name	AGI	ELIA BO Box Num	2					
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SARASOT	A, FL 342	242				59	21 0	JIZSH) RE	<u> </u>	<u> </u>			-
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the obligat	tions of regist	y submits this statement of tered agent.	oy the purpose of	ELIA		a onice o		TREAS!						
SIGNATURE .	Signature, typed	or printed name of egistered agent	t and little if applicable.			d Agent signat			V K E	Λ	'	DATE	ج جات	<u>, </u>
SIGNATURE .	Filing Fe	or printed name degistered agent the is \$61.25 May 1, 2008	<u>, </u>		Registered	inancing			Ве	-	Mak	DATE e checi	payable tment of S	to
10.	Filling Fe Due by N	e is \$61.25	9.	Election Camp Trust Fund Co	paign Fontributi	inancing on.	ture recurred	\$5.00 May	Be s	F	Make Florida	DATE e checi Depar	c payable tment of S	to State
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r nereby certify that the information supplied with this filling 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 empoying 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.

SIGNATURE:

ELIASG. RAGI, TRESURER 4-2-2008, 941-922-1513