


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2008 90016 026 ****61.25

DOCUMENT # 726646 1. Entity Name HOUSE OF THE SUN CONDOMINIUM ASSOCIATION, INC.					
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.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1785839	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PARRIS, ROBERT 6518 MIDNIGHT PASS RD SARASOTA, FL 34242				7. Name and Address of New Registered Agent Name RAGI, ELIAS Street Address (P.O. Box Number is Not Acceptable) 5987 WILSHIRE BLVD City SARASOTA FL Zip Code 34238	
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>Elías G. Ragi</u> <u>ELIAS G. RAGI, TREASURER</u> <u>4-2-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLOTZ, WILLIAM 18041 VOSS DRIVE ORLAND PARK, IL 60467	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRIS, ROBERT 6518 MIDNIGHT PASS RD. #502 SARASOTA, FL 34242	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VUKONICH, WILLIAM 2311 BIRCHWOOD LANE JOLIET, IL 60435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VUKONICH, WILLIAM 2311 BIRCHWOOD LANE JOLIET, IL 60435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAGI, ELIAS 163 PRESIDENTS WALK WILLIAMSVILLE, NY 14221	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAGI, ELIAS 5987 WILSHIRE BLVD SARASOTA, FL 34238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMARCO, LEO 1 PLEASANT ST MALDEN, MA 02148	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input 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.					
SIGNATURE: <u>Elías G. Ragi</u> <u>ELIAS G. RAGI, TREASURER</u> <u>4-2-2008</u> <u>941-922-1513</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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