

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748712

FILED
Jan 11, 2009
Secretary of State

Entity Name: SUNSET GARDENS CONDOMINIUM, INC.

Current Principal Place of Business:

568 BELLTOWER AVE
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

568 BELLTOWER AVE
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-2144700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, M.GARY
568 BELLTOWER AVE
DELTONA, FL 32725 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: D () Delete
Name: DREUTT, WILLIAM
Address: 564 BELLFLOWER AVE
City-St-Zip: DELTONA, FL 32725

Title: DT () Delete
Name: ORCUTT, WILLIAM
Address: 564 BELLTOWER AVE
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: HINTERMEIER, CHARLOTTE
Address: 576 BELLTOWER AVE
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: BARR, JAMES
Address: 572 BELLTOWER AVE
City-St-Zip: DELTONA, FL 32725

Title: T () Delete
Name: OCHIUZZO, JEAN
Address: 563 BELLTOWER AVE
City-St-Zip: DELTONA, FL 32725

Title: P () Delete
Name: NORRIS, GARY
Address: 567 BELLTOWER AVE
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONGER, JANE
Address: 571 BELLTOWER AVENUE
City-St-Zip: DELTONA, FL 32725

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

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

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

Title: D (X) Change () Addition
Name: OCHIUZZO, ANTHONY
Address: 563 BELLTOWER AVE
City-St-Zip: DELTONA, FL 32725

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: WILLIAM A. ORCUTT

DT

01/11/2009

Electronic Signature of Signing Officer or Director

Date