

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751699

FILED
Feb 17, 2009
Secretary of State

Entity Name: SUNSET COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

625 N RIVER DR
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

C/O J & J PERSONALIZED MGMT
P.O. BOX 1863
PALM CITY, FL 34991 US

New Mailing Address:

FEI Number: 59-2073252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSS, DEBORAH
ROSS, EARLE & BONAN, PA
759 S FEDERAL HIGHWAY, SUITE 212
STUART, FL 34994 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: TD () Delete
Name: MCGUIRE, MARY
Address: 625 N. RIVER DRIVE #202
City-St-Zip: STUART, FL 34994

Title: DS () Delete
Name: DURAN, JAN
Address: 625 NORTH RIVER DRIVE #105
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: SWEIGART, JOHN
Address: 625 B RIVER DR 404
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: STARUCH, HERB
Address: 625 N RIVER DR 105
City-St-Zip: STUART, FL 34994

Title: D (X) Delete
Name: BETTINGER, RUTH
Address: 625 NORTH RIVER DRIVE #404
City-St-Zip: STUART, FL 34994

Title: D (X) Delete
Name: GODDARD, LAURIE
Address: 625 N RIVER DR 303
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D,P (X) Change () Addition
Name: SHERMAN, ROGER
Address: 625 B RIVER DR #106
City-St-Zip: STUART, FL 34994

Title: D,VP (X) Change () Addition
Name: STARUCH, HERB
Address: 625 N RIVER DR 105
City-St-Zip: STUART, FL 34994

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

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: JANET DURAN

SECY

02/17/2009

Electronic Signature of Signing Officer or Director

Date