


FILED
Apr 20, 2005 8:00 am
Secretary of State

20039340

DOCUMENT # 753506				04-20-2005 90315 025 ****61.25	
1. Entity Name SUNSET COVE ASSOCIATION, INC.					
Principal Place of Business 8567 W GULF BLVD #23N TREASURE ISLAND, FL 33706		Mailing Address 250-104TH AVE C/O LAMONT TREASURE ISLAND, FL 33706-4846 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
02222005		Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-1727838		Applied For		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
SUE LAMONT/LAMONT MANAGEMENT 250 104TH AVE TREASURE ISLAND, FL 33706		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			
		FL		Zip Code	
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 _____ DATE _____					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTKO, MIKE		NAME	TUTKO, MIKE	
STREET ADDRESS	8567 W GULF BLVD 4S		STREET ADDRESS	8567 W GULF BLVD 4S	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNING, BILL		NAME		
STREET ADDRESS	8567 W GULF BLVD 14 N		STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISH, JOHN		NAME	FISH, JOHN	
STREET ADDRESS	8565 W GULF BLVD., #205		STREET ADDRESS	8565 W. GULF BLVD 2 N	
CITY-ST-ZIP	TREASURE ISLAND, FL		CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXEMUIK, MARGERY		NAME	MAXEMUIK, MARGERY	
STREET ADDRESS	1782 POWER LINE RD RR#2		STREET ADDRESS	1782 POWER LINE RD. RR #2	
CITY-ST-ZIP	LYNDEN ONTARIO, CA Iorito		CITY-ST-ZIP	LYNDEN, ONT., CANADA LOR ITO	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENZIES, GEORGE		NAME	MENZIES, GEORGE	
STREET ADDRESS	77 E 45 ST		STREET ADDRESS	77 E. 45th STREET	
CITY-ST-ZIP	HAMILTON, ON		CITY-ST-ZIP	HAMILTON, ONT., CANADA L8T 3J9	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>W. A. Browning</u>		SIGNATURE: <u>W. A. Browning</u>		04/18/05 21360-34	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	