

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90025 034 ****61.25

DOCUMENT # 753516

1. Entity Name
THE CONDOMINIUM OF SUNSET PARK ASSOCIATION, INC.



Principal Place of Business
**4131 GUNN HIGHWAY
TAMPA, FL 33624 US**

Mailing Address
**GREENACRE PROPERTIES
4131 GUNN HIGHWAY
TAMPA, FL 33624 US**

2. Principal Place of Business

3. Mailing Address

4131 Gunn Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06252006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number

59-2166027

Applied For

Not Applicable

Zip

33618

Country

Zip

33618

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEZER, STEVEN H
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **ALEXANDER, NANCY**
STREET ADDRESS **2302 S MANHATTAN AVE # 304**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **VD** ☒ Delete
NAME **LARUSSA, LEE ROBERT**
STREET ADDRESS **2302 S MANHATTAN AVE #103**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **TD** ☒ Delete
NAME **HEARIN, GERALD**
STREET ADDRESS **2302 SOUTH MANHATTAN**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **SD** ☒ Delete
NAME **HIGNITE, TOM**
STREET ADDRESS **2302 S. MANHATTAN, #103**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **PD** ☒ Delete
NAME **LARUSSA, LEE**
STREET ADDRESS **2302 S. MANHATTAN, #103**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Lee LaRussa**
STREET ADDRESS **2302 S Manhattan Unit 103**
CITY-ST-ZIP **Tampa, Fl 33629**

TITLE **VD** ☒ Change ☐ Addition
NAME **Jerry Hearin**
STREET ADDRESS **2302 S Manhattan, Unit 316**
CITY-ST-ZIP **Tampa, Fl 33629**

TITLE **TD** ☒ Change ☐ Addition
NAME **Bettye Reed**
STREET ADDRESS **2302 S Manhattan, Unit 105**
CITY-ST-ZIP **Tampa, Fl 33629**

TITLE **SD** ☒ Change ☐ Addition
NAME **Barbara Hopkins**
STREET ADDRESS **2302 S Manhattan, Unit 107**
CITY-ST-ZIP **Tampa, Fl 33629**

TITLE **PD** ☒ Change ☐ Addition
NAME **Elinor Smith**
STREET ADDRESS **2302 S Manhattan, Unit 312**
CITY-ST-ZIP **Tampa, Fl 33629**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Bettye Reed - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-06
Date

(813) 254-1677
Daytime Phone #