



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90364 040 \*\*\*\*61.25

<b>DOCUMENT # 753516</b> 1. Entity Name <b>THE CONDOMINIUM OF SUNSET PARK ASSOCIATION, INC.</b>					
Principal Place of Business <b>4131 GUNN HIGHWAY TAMPA, FL 33624 US</b>			Mailing Address <b>4131 GUNN HIGHWAY TAMPA, FL 33624 US</b>		
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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MEZER, STEVEN H 220 SOUTH FRANKLIN STREET TAMPA, FL 33602</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>D</b>	NAME <b>LARUSSA LEE</b> <input checked="" type="checkbox"/> Delete		TITLE <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Ralph Colaianne</b>	
STREET ADDRESS <b>2302 SOUTH MANHATTAN UNIT 103</b>	CITY-ST-ZIP <b>TAMPA, FL 33629</b>		STREET ADDRESS <b>2302 South Manhattan #217</b>	CITY-ST-ZIP <b>Tampa, FL 33629</b>	
TITLE <b>VD</b> <input checked="" type="checkbox"/> Delete	NAME <b>HEARIN, JERRY</b>		TITLE <b>SEC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>Judith Carabine</b>	
STREET ADDRESS <b>2302 SOUTH MANHATTAN UNIT 316</b>	CITY-ST-ZIP <b>TAMPA, FL 33629</b>		STREET ADDRESS <b>2302 South Manhattan #205</b>	CITY-ST-ZIP <b>Tampa, FL 33629</b>	
TITLE <b>TD</b> <input checked="" type="checkbox"/> Delete	NAME <b>BETTYE REED</b>		TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Bettye Reed</b>	
STREET ADDRESS <b>2302 SOUTH MANHATTAN UNIT 105</b>	CITY-ST-ZIP <b>TAMPA, FL 33629</b>		STREET ADDRESS <b>2302 South Manhattan #105</b>	CITY-ST-ZIP <b>Tampa, FL 33629</b>	
TITLE <b>SD</b> <input checked="" type="checkbox"/> Delete	NAME <b>HOPKINS, BARBARA</b>		TITLE <b>TRE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Barbara Hopkins</b>	
STREET ADDRESS <b>2302 SOUTH MANHATTAN UNIT 407</b>	CITY-ST-ZIP <b>TAMPA, FL 33629</b>		STREET ADDRESS <b>2302 South Manhattan #107</b>	CITY-ST-ZIP <b>Tampa, FL 33629</b>	
TITLE <b>PD</b> <input type="checkbox"/> Delete	NAME <b>SMITH, ELINOR</b>		TITLE	NAME	
STREET ADDRESS <b>2302 SOUTH MANHATTAN UNIT 312</b>	CITY-ST-ZIP <b>TAMPA, FL 33629</b>		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		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.					
<b>SIGNATURE:</b> 			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>E. L. Smith</b> <i>President</i>		
Date <b>3/2/07</b>			Daytime Phone # <b>(813) 831-5571</b>		