2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #753857

Entity Name

14

SUNSET BAY CLUB CONDOMINIUM ASSOCIATION, INC.



04-30-2007 90394 019 ****61.75

Apr 30, 2007 8:00 am Secretary of State

FILED

Principal Place of Business

0.0711 4151115 1100711

318 8TH AVENUE NORTH

TIERRA VERDE, FL 33715

Mailing Address

111 SECOND AVENUE N.E.

STE. 505

ST. PETERSBURG,, FL 33701



4. FEI Number 59-2166854

Applied For Not Applicable

5. Certificate of Status Desired

04232007 No Chg-NP

\$8.75 Additional

CR2E037 (4/06)

6. Name and Address of Current Registered Agent

CULLIS, WADE W 111 SECOND AVENUE N.E. 505

ST. PETERSBURG, FL 33701

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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 May 1, 2007	Election Campaign Financi Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, MICHAEL 778 MONTE CRISTO TIERRA VERDE, FL 33715				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TIERRA VERDE, FL 33715				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this conditional report to supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this conditional report to supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this conditional report to supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this condition is a supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this condition is a supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is a supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes.					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplymental 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 trystee empowered to execute this report is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other life terms over the content of the corporation of the corporation of the corporation of the receiver or trystee empowered to execute this report is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the corporatio

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/23/01 7V1867670