


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90086 039 ****70.00

DOCUMENT # 754277 1. Entity Name VILLAS OF SUNSET GROVE HOMEOWNERS ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 2075 SUNSET GROVE LN. CLEARWATER, FL 33765 US			Mailing Address PO BOX 14357 CLEARWATER, FL 33765 US																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		4. FEI Number 59-2063672																																																																																																																									
Zip		Country		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																																																																																																																									
AMERI-TECH REALTY 1799-B NORTH BELCHER ROAD CLEARWATER, FL 33765				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
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																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>BRUNSON, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2041 SUNSET GROVES LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33765</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>TOSCANO, TONY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2039 SUNSET GROVE LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33765</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>GEPPERT, CHUCK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2042 SUNSET GROVES LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33765</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>DUYNE, DAVID V</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2036 SUNSET GROVE LN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33765</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>BURNS, ARLENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2074 SUNSET GROVE LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33765</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>VPD Leslie Garcia</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2034 Sunset Groves Lane</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Clearwater, FL 33765</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SD Helen Jenkins</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2015 Sunset Groves Lane</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Clearwater, FL 33765</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	NAME	BRUNSON, PATRICIA		STREET ADDRESS	2041 SUNSET GROVES LANE		CITY-ST-ZIP	CLEARWATER, FL 33765		TITLE	NAME	Delete <input checked="" type="checkbox"/>	NAME	TOSCANO, TONY		STREET ADDRESS	2039 SUNSET GROVE LANE		CITY-ST-ZIP	CLEARWATER, FL 33765		TITLE	NAME	Delete <input checked="" type="checkbox"/>	NAME	GEPPERT, CHUCK		STREET ADDRESS	2042 SUNSET GROVES LANE		CITY-ST-ZIP	CLEARWATER, FL 33765		TITLE	NAME	Delete <input type="checkbox"/>	NAME	DUYNE, DAVID V		STREET ADDRESS	2036 SUNSET GROVE LN		CITY-ST-ZIP	CLEARWATER, FL 33765		TITLE	NAME	Delete <input type="checkbox"/>	NAME	BURNS, ARLENE		STREET ADDRESS	2074 SUNSET GROVE LANE		CITY-ST-ZIP	CLEARWATER, FL 33765		TITLE	NAME	Delete <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	VPD Leslie Garcia		STREET ADDRESS	2034 Sunset Groves Lane		CITY-ST-ZIP	Clearwater, FL 33765		TITLE	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME	SD Helen Jenkins		STREET ADDRESS	2015 Sunset Groves Lane		CITY-ST-ZIP	Clearwater, FL 33765		TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: _____ 3-29-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													