

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754277

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** VILLAS OF SUNSET GROVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

24701 US HIGHWAY 19 N SUITE #102  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14357  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** 59-2063672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERI-TECH REALITY  
24701 US HIGHWAY 19 N SUITE #102  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BURNS, ARLENE  
Address: 2073 MONTCLAIR ROAD  
City-St-Zip: CLEARWATER, FL 33763

Title: VPD  
Name: CAMUGLIA, EDNA  
Address: 20104 SUNSET GROVES LANE  
City-St-Zip: CLEARWATER, FL 33765

Title: SD  
Name: GARCIA, MILO  
Address: 2034 SUNSET GROVES LANE  
City-St-Zip: CLEARWATER, FL 33765 US

Title: TD  
Name: KUDLACK, JOHNNY  
Address: 2067 SUNSET GROVE LN  
City-St-Zip: CLEARWATER, FL 33765 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ARLENE BURNS

PD

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date