## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 756775** 

Apr 19, 2012 Secretary of State

Entity Name: SUNSET NORTH INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3300 NORTH KEY DRIVE

NORTH FOR MYERS, FL 33903 US

**Current Mailing Address: New Mailing Address:** 

C/O SILVERCRESTED MANAGEMENT LLC P. O. BOX 1848

FT. MYERS, FL 33902 US

FEI Number: 59-2247889 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SILVERCRESTED MANAGEMENT LLC SILVERCRESTED MANAGEMENT LLC 1490 NE PINE ISLAND ROAD 3436 MARINATOWN LANE 1ST FL UNIT 4 BLDG 8-D

NORTH FORT MYERS, FL 33903 US CAPE CORAL, FL 33909 US

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: 04/19/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

**VPD** 

FAUX, BRUCE Name:

Address: 3300 NORTH KEY DRIVE #6W City-St-Zip: N. FT. MYERS, FL 33903

Title: SD

Name: CARROZZA, SYLVIA Address: 3300 NORTH KEY DRIVE #3W City-St-Zip: NORTH FORT MYERS, FL 33903

Title: PD

ONION, BILLY Name:

3300 NORTH KEY DRIVE #2E Address: City-St-Zip: NORTH FORT MYERS, FL 33903

Title:

Name: TUMINELLA, CLINT

3300 NORTH KEY DRIVE #8C Address: City-St-Zip: NORTH FORT MYERS, FL 33903

Title:

STACHOWSKI, SUSAN Name: 3300 N KEY DRIVE 9W Address: City-St-Zip: N. FT. MYERS, FL 33903

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: BILLY ONION PD 04/19/2012