


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT #757797**  
 1. Entity Name  
**SUNSET STRIP AIRPARK PROPERTY OWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>ERIC DONALDSON</b> <b>6681 SW 13TH STREET</b> <b>OKEECHOBEE, FL 34974 US</b>	Mailing Address <b>PO BOX 57</b> <b>OKEECHOBEE, FL 34973 US</b>
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**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0174105</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DONALDSON, ERIC**  
**6681 SW 13TH STREET**  
**OKEECHOBEE, FL 34974**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONALDSON, ERIC 6681 SW 13TH STREET OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TROENDLE, MARK 7151 SW 13TH STREET OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THOMPSON, ROBERT 7726 SW 9TH STREET OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, DEWEY 7589 SW 13TH STREET OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMSDEN, RICHARD 6757 SW 13TH STREET OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/13/08-80037-012 61.25

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.

**SIGNATURE:**  **Eric Donaldson** **4-21-08** **863 763 2726**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #