

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760007

FILED
Feb 18, 2009
Secretary of State

Entity Name: SUN PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O OSCEOLA MANAGEMENT
101 PARK PLACE BLVD., SUITE 3
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BLVD
SUITE 3
KISSIMMEE, FL 34741 US

New Mailing Address:

C/O OSCEOLA MANAGEMENT
101 PARK PLACE BLVD., SUITE 3
KISSIMMEE, FL 34741 US

FEI Number: 59-2893698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOOLFIELD, WAYNE
101 PARK PLACE BLVD
SUITE 3
KISSIMMEE, FL 34741 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: VD () Delete
Name: SCHOOLFIELD, CHERYL
Address: 101 PARK PLACE BLVD, SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

Title: PD () Delete
Name: SCHOOLFIELD, WAYNE
Address: 101 PARK PLACE BLVD., SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

Title: STD () Delete
Name: LORMANN, JAMES
Address: 555 BORDER LAKE DRIVE
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: RASMUS, SHERAN
Address: 101 PARK PLACE BLVD, SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WAYNE SCHOOLFIELD

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date