

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

DOCUMENT# 760077

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** SUNSET-COACHMAN CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2329 SUNSET POINT RD., SUITE 203  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

2329 SUNSET POINT RD., SUITE 203  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** 59-2182867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHANKLIN, JOSEPH  
2329 SUNSET POINT RD., SUITE 203  
CLEARWATER, FL 33765 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: SHANKLIN, JOSEPH M.D.  
Address: 2329 SUNSET POINT RD., SUITE 203  
City-St-Zip: CLEARWATER, FL 33765 US

Title: VD  
Name: BRYN, VINCE D.C.  
Address: 2329 SUNSET POINT RD., SUITE 204  
City-St-Zip: CLEARWATER, FL 33765 US

Title: SD  
Name: MEDUESKY, CAROLE DMD  
Address: 2329 SUNSET POINT RD., SUITE 202  
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: JOSEPH SHANKLIN

PRES

02/15/2011

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

\_\_\_\_\_  
Date