2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 760240

Entity Name: SUN LAKES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

BOX 5502
SUN CITY CENTER, FL 335712502

New Principal Place of Business:

Current Mailing Address:

BOX 5502
SUN CITY CENTER, FL 335712502

New Mailing Address:

FEI Number: 59-2121630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILK, SYLVIA
1510 BENTWOOD DR
SUN CITY CENTER, FL 33573 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: P ( ) Delete
Name: SAMUELSON, MARJORIE
Address: 1711 CLOISTER DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T ( ) Delete
Name: SILK, SYLVIA
Address: 1510 BENTWOOD DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S ( ) Delete
Name: CONNELLY, PATRICIA
Address: 1636 BENTWOOD DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D ( ) Delete
Name: HENDRICKSON, WAYNE
Address: 1508 BRENTWOOD DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: V ( ) Delete
Name: LEWIT, ANGELA
Address: 1628 BENTWOOD DR
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOYING, EUGENE
Address: 1604 BENTWOOD DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

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

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

Title: D (X) Change ( ) Addition
Name: MONTGOMERY, THOMAS
Address: 1630 BENTWOOD DR
City-St-Zip: SUN CITY CENTER, FL 33573

Title: V (X) Change ( ) Addition
Name: DEISS, EUGENE
Address: 1605 CLOISTER DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

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: SYLVIA SILK T 01/13/2009
Electronic Signature of Signing Officer or Director Date