2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# H78697

Entity Name: "PLACE IN THE SUN" RESIDENT'S CORPORATION

Current Principal Place of Business:

4426 TUCKER SQUARE
NEW PORT RICHEY, FL 346524835

New Principal Place of Business:

Current Mailing Address:

4426 TUCKER SQUARE
NEW PORT RICHEY, FL 346524835

New Mailing Address:

FEI Number: 59-2770277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, LAWRENCE G
4416 TUCKER SQ
NEW PORT RICHEY, FL 34652 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: CHAPMAN, LAWRENCE G
Address: 4416 TUCKER SQUARE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP ( ) Delete
Name: BOWES, JUDITH A
Address: 4455 TUCKER SQUARE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: BARNES, JERRY
Address: 4462 TUCKER SQ
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S ( ) Delete
Name: MCDONALD, MARSHA
Address: 4446 TUCKER SQ
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: P ( ) Delete
Name: WESTLING, VAL
Address: 4469 TUCKER SQ
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: FERANTE, TERRY
Address: 4440 TUCKER SQUARE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE CHAPMAN TREA 01/13/2009

Electronic Signature of Signing Officer or Director — Date