2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N00000000331

Entity Name: SUNSET COVE AT HOLMES BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13041 AUTOMOBILE BLVD.
CLEARWATER, FL 34622

New Principal Place of Business:

12406 WINDTREE BLVD
SEMINOLE, FL 33772

Current Mailing Address:

13041 AUTOMOBILE BLVD.
CLEARWATER, FL 34622

New Mailing Address:

12406 WINDTREE BLVD
SEMINOLE, FL 33772

FEI Number: 59-3632057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORNS, LONNIE T
13041 AUTOMOBILE BLVD.
CLEARWATER, FL 34622 US

Name and Address of New Registered Agent:

ORNS, LONNIE T
11050 9TH STREET EAST
TREASURE ISLAND, FL 33706 US

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: _____ 04/25/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ORNS, LONNIE T
Address: 13041 AUTOMOBILE BLVD.
City-St-Zip: CLEARWATER, FL 34622

Title: DV ( ) Delete
Name: KITENPLON, DAVID A
Address: 13041 AUTOMOBILE BLVD.
City-St-Zip: CLEARWATER, FL 34622

Title: DST ( ) Delete
Name: KITENPLON, DAVID A
Address: 13041 AUTOMOBILE BLVD.
City-St-Zip: CLEARWATER, FL 34622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ORNS, LONNIE T
Address: 11050 9TH STREET EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: DV (X) Change ( ) Addition
Name: KITENPLON, DAVID A
Address: 12406 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: DST (X) Change ( ) Addition
Name: KITENPLON, DAVID A
Address: 12406 WINDTREE BLVD
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID KITENPLON DV 04/25/2005
Electronic Signature of Signing Officer or Director — Date