

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000331

FILED  
Jan 27, 2011  
Secretary of State

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

**Current Principal Place of Business:**

12406 WINDTREE BLVD  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

12406 WINDTREE BLVD  
SEMINOLE, FL 33772

**New Mailing Address:**

12406 WINDTREE BLVD  
SEMINOLE, FL 33772 US

**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  
12406 WINDTREE BLVD  
SEMINOLE, FL 33772 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:** DP  
**Name:** ORNS, LONNIE T  
**Address:** 220 108TH AVE APT #201  
**City-St-Zip:** TREASURE ISLAND, FL 33706 US

**Title:** DV  
**Name:** KITENPLON, DAVID A  
**Address:** 12406 WINDTREE BLVD  
**City-St-Zip:** SEMINOLE, FL 33772 US

**Title:** DST  
**Name:** KITENPLON, DAVID A  
**Address:** 12406 WINDTREE BLVD  
**City-St-Zip:** SEMINOLE, FL 33772 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:** DAVID KITENPLON

DV

01/27/2011

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

\_\_\_\_\_  
Date