2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# N00000001664

Entity Name: SUNSET ESTATE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

CENTRE GROUP PROPERTIES, INC.
4400 BAYOU BLVD. STE 35
PENSACOLA, FL 325036

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD.
SUITE 35
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3664745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LONGWELL, TINA R
4400 BAYOU BLVD.
SUITE 35
PENSACOLA, FL 32503 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 ( ) Delete
Name: PALMER, FRANK
Address: 6222 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: DV ( ) Delete
Name: ROGERS, GEORGE
Address: 6036 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: DS ( ) Delete
Name: MCNEIL, TIM
Address: 6037 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: DT ( ) Delete
Name: GRAMO, CHERYL
Address: 6223 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: BRUNNER, DIETER
Address: 6183 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

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:

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: CHERYL GRAMO DT 06/29/2005

Electronic Signature of Signing Officer or Director — Date