

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001664

FILED
Apr 29, 2009
Secretary of State

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 ()

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: PRES () Delete
Name: JONES, SANDY
Address: 6195 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

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

Title: TR () Delete
Name: RODABAUGH, TREVOR
Address: 6153 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: SEC () Delete
Name: CROSS, CYNTHIA
Address: 6183 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: WEBSTER, JIM
Address: 6204 SUNTAN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: PALMER, FRANK
Address: 6222 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:

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

SIGNATURE: JUDY JONES

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date