

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000004822

1. Entity Name
**SUNSET POINT CHARLOTTE PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**144 MARACAL WAY
PUNTA GORDA, FL 33983**

Mailing Address
**144 MARACAL WAY
PUNTA GORDA, FL 33983**



01162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REIFSCHNEIDER, RONALD A
144 MARACAL WAY
PUNTA GORDA, FL 33983**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REIFSCHNEIDER, RONALD A 144 MARACAL WAY PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOSSELMAN, JOSEPH 4742 LAKE DRIVE BOYNTON BEACH, FL 334364401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELL, TIMOTHY P.O. BOX 27068 EL JOBEAN, FL 33927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELGEMO, STEVEN 447 VALLETTA CT PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, STEVEN 149 URAGUAY PUNTA GORDA, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000538705
01/24/07-80087-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07

Date

PRESIDENT

Daytime Phone # _____