2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N00000007050

Entity Name: SUNSET LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

20225 COUNTY RD 33
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 331
OKAHUMPKA, FL 34762

New Mailing Address:

P.O. BOX 248
OKAHUMPKA, FL 34762

FEI Number: 59-3681581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAVERS, LELAM
7218 CR 48
YALAHA, FL 34797 US

Name and Address of New Registered Agent:

TRAVERS, LELANI
7218 CR 48
YALAHA, FL 34797 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: LELANI TRAVERS 01/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRAVERS, JOHN W
Address: P.O. BOX 331
City-St-Zip: OKAHUMPKA, FL 34762

Title: D ( ) Delete
Name: TRAVERS, LELANI G
Address: P.O. BOX 331
City-St-Zip: OKAHUMPKA, FL 34762

Title: D ( ) Delete
Name: TRAVERS, CHRISTOPHER W
Address: 7218 CR 48
City-St-Zip: YALAHA, FL 34797

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:

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: LELANI TRAVERS D 01/28/2009
Electronic Signature of Signing Officer or Director Date