


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90097 006 \*\*\*\*61.25

<b>DOCUMENT # N00691</b> 1. Entity Name <b>SUN PLACE CONDOMINIUM, INC.</b>					
Principal Place of Business <b>301-305 RIDGE BLVD.</b> <b>SOUTH DAYTONA, FL 32119 US</b>			Mailing Address <b>507 G HERBERT ST.</b> <b>PORT ORANGE FL 32129 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1034 Ridgewood Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Holly Hill FL</b>			
Zip <b>32117</b>	Country <b>USA</b>	4. FEI Number <b>59-2429770</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>REIMER, RONALD, L</b> <b>507 HERBERT ST.</b> <b>SUITE C</b> <b>PORT ORANGE, FL 32129</b>			7. Name and Address of New Registered Agent  Name <b>Virginia Watkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>1034 Ridgewood Ave</b> City <b>Holly Hill</b> <b>FL</b> Zip Code <b>32117</b>		
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 <u><i>Virginia Watkins</i></u> <span style="float: right;">4-21-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, BRIAN 114 VENETIAN WAY PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK TUCKER 305 RIDGE BL. # 215 S.D. FL 32119
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUSE, VALERIE 303 RIDGE BLVD., #117 SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, SEAN 301 RIDGE BLVD SUITE 103 SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARDEN, MARYLOU 301 RIDGE BLVD SUITE 203 SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREGO, VIRGINIA 301 RIDGE BLVD #202 SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVERSON, BILLIE 303 RIDGE BLVD #206 SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Marylou Arden</i></u> <span style="float: right;">4/17/08 386 788 6876</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40079271



04032008 Chg-NP CR2E037 (12/06)