## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0100000627

FILED Apr 23, 2008 Secretary of State

Entity Name: HOMEOWNERS' ASSOCIATION OF SUNRISE/SUNSET TOWNHOMES, INC.

Current Principal Place of Business: New Principal Place of Business:

3879 CAPE SAN BLAS RD PORT ST. JOE, FL 32456

Current Mailing Address: New Mailing Address:

P.O. BOX 876 P O BOX 876

EASTPOINT, FL 32328 EASTPOINT, FL 32328

FEI Number: 59-3715074 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT SERVICES COMMUNITY MANAGEMENT SERVICES, INC 1914 SUNSET DRIVE 1914 SUNSET DRIVE

ST. GEORGE ISLAND, FL 32328 US ST. GEORGE ISLAND, FL 32328 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: WAYNE M GLEASMAN 04/23/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: V ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 AVERY, MEG
 Name:
 AVERY, MEG

 Address:
 4575 FOREST GREEN DR.
 4575 FOREST GREEN DR.

 City-St-Zip:
 SUGAR HILL, GA 30518
 City-St-Zip:
 SUGAR HILL, GA 30518

Title: S ( ) Delete Title: T/S (X) Change ( ) Addition

 Name:
 RAUH, DAVID
 Name:
 RAUH, DAVID

 Address:
 809 E. 7TH AVENUE
 Address:
 809 E 7TH AVENUE

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: P ( ) Delete Title: VP (X) Change ( ) Addition Name: HAYWOOD, KENNETH Name: LAMBETH, MARK

Address: 2746 COUNTYLINE RD Address: 208 W TERRACE COURT City-St-Zip: ACWORTH, GA 30101 City-St-Zip: ALEDO, TX 76008

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GLEASMAN, WAYNE
 Name:

 Address:
 431 MCCLOUD ST
 Address:

 City-St-Zip:
 ST. GEORGE ISLAND, FL 32328
 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: WAYNE M GLEASMAN RA 04/23/2008