

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004329

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: SUNSET NEIGHBORHOOD ASSOCIATION INC.

Current Principal Place of Business:

211 S EMBREY DR
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

211 S EMBREY DR
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3728386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOERNER, SUSAN
211 S EMBREY DR
CASSELBERRY, FL 32707

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: P () Delete
Name: DOERNER, SUSAN
Address: 211 S EMBREY DR
City-St-Zip: CASSELBERRY, FL 32707

Title: V () Delete
Name: FOWLER, SUSAN
Address: 41 N TRIPLET DR
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: CLIFTON, LISA
Address: 81 N SUNSET DR
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: HALE, KATHY
Address: 325 SOUTHCOT DR
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOERNER, SUSAN
Address: 211 S EMBREY DR
City-St-Zip: CASSELBERRY, FL 32707

Title: VD (X) Change () Addition
Name: FOWLER, SUSAN
Address: 41 N TRIPLET DR
City-St-Zip: CASSELBERRY, FL 32707

Title: TD (X) Change () Addition
Name: CLIFTON, LISA
Address: 81 N SUNSET DR
City-St-Zip: CASSELBERRY, FL 32707

Title: SD (X) Change () Addition
Name: HALE, KATHY
Address: 325 SOUTHCOT DR
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LISA A. CLIFTON

TD

04/30/2002

Electronic Signature of Signing Officer or Director

Date