

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004680

FILED  
Jan 14, 2011  
Secretary of State

**Entity Name:** PASCO SUNSET LAKES PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**New Principal Place of Business:**

4902 EISENHOWER BLVD., SUITE 216  
TAMPA, FL 33634

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618

**New Mailing Address:**

4902 EISENHOWER BLVD., SUITE 216  
TAMPA, FL 33634

**FEI Number:** 59-3743611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEZER, STEVEN ESQ  
BUSH ROSS, PA  
1801 NORTH HIGHLAND AVENUE  
TAMPA, FL 33602 US

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

REALMANAGE LLC  
4902 EISENHOWER BLVD., SUITE 216  
TAMPA, FL 33634 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: WADE MYERS

01/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLAMS, ROBERT  
Address: 4902 EISENHOWER BLVD., SUITE 216  
City-St-Zip: TAMPA, FL 33634

Title: VD  
Name: MARANO, ALFONSO  
Address: 4902 EISENHOWER BLVD., SUITE 216  
City-St-Zip: TAMPA, FL 33634

Title: SD  
Name: ALBURY, MERRILL  
Address: 4902 EISENHOWER BLVD., SUITE 216  
City-St-Zip: TAMPA, FL 33634

Title: TD  
Name: GALLAGHER, EDWARD  
Address: 4902 EISENHOWER BLVD., SUITE 216  
City-St-Zip: TAMPA, FL 33634

Title: D  
Name: RABON, DAVE  
Address: 4902 EISENHOWER BLVD., SUITE 216  
City-St-Zip: TAMPA, FL 33634

Title: D  
Name: CUMMINGS, CHARLES  
Address: 4902 EISENHOWER BLVD., SUITE 216  
City-St-Zip: TAMPA, FL 33634

I hereby 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 all other like empowered.

SIGNATURE: ROBERT WILLIAMS

PD

01/14/2011

Electronic Signature of Signing Officer or Director

Date