



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006703 1. Entity Name SUNSET DRIVE NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business 300 SUNSET DRIVE SOUTH ST PETERSBURG, FL 33707	Mailing Address 300 SUNSET DRIVE SOUTH ST PETERSBURG, FL 33707
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DO NOT WRITE IN THIS SPACE



08132006 No Chg-NP CR2E037 (4/06)

4. FEI Number 80-0024657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CONNER, ALLEN 300 SUNSET DRIVE SOUTH ST PETERSBURG, FL 33707	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, ALLEN 300 SUNSET DRIVE SOUTH ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNOX, PAUL 7400 1ST AVE S SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, ALLEN 300 SUNSET DR S ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLEOD, GEOFF 100 SUNSET DRIVE SOUTH SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONROY, TRISH 267 SUNSET DRIVE SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000574527
08/17/06-80001-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **8/15/06** **5776320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #