


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000006703	
1. Entity Name SUNSET DRIVE NEIGHBORHOOD ASSOCIATION, INC.	

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



04142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 80-0024657	Applied For <input type="checkbox"/> 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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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	D
NAME	CONNER, ALLEN
STREET ADDRESS	300 SUNSET DRIVE SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	S
NAME	KNOX, PAUL
STREET ADDRESS	7400 1ST AVE S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	D
NAME	CONNER, ALLEN
STREET ADDRESS	300 SUNSET DR S
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	D
NAME	MCCLEOD, GEOFF
STREET ADDRESS	100 SUNSET DRIVE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	VP
NAME	CONROY, TRISH
STREET ADDRESS	267 SUNSET DRIVE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U000000718146
05/01/07-800009-019 61.25

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/16/07