# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# N01000006703

**Entity Name:** SUNSET DRIVE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

300 SUNSET DRIVE SOUTH
ST PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

300 SUNSET DRIVE SOUTH
ST PETERSBURG, FL 33707

**New Mailing Address:**

**FEI Number: 80-0024657** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CONNER, ALLEN
300 SUNSET DRIVE SOUTH
ST PETERSBURG, FL 33707 US

**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: D ( ) Delete
Name: CONNER, ALLEN
Address: 300 SUNSET DRIVE SOUTH
City-St-Zip: ST PETERSBURG, FL 33707

Title: S ( ) Delete
Name: KNOX, PAUL
Address: 7400 1ST AVE S
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D ( ) Delete
Name: CONNER, ALLEN
Address: 300 SUNSET DR S
City-St-Zip: ST PETERSBURG, FL 33707

Title: D ( ) Delete
Name: MCCLEOD, GEOFF
Address: 100 SUNSET DRIVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VP ( ) Delete
Name: CONROY, TRISH
Address: 267 SUNSET DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ALLEN CONNER D 04/28/2009

Electronic Signature of Signing Officer or Director — Date