

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 07, 2007
Secretary of State**

DOCUMENT# N02000001167

Entity Name: SUNSET POINT HOMEOWNERS ASSOCIATION OF NEPTUNE BEACH, INC.

Current Principal Place of Business:

1940 TARA COURT
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

1940 TARA COURT
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 03-0435070 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAY, PHILLIP J
1940 TARA COURT
NEPTUNE BEACH, FL 32266 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MAY, PHILLIP J
Address: 1940 TARA COURT
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: VP () Delete
Name: BRANNON, CINDY
Address: 2020 TARA COURT
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PHILLIP J. MAY

PRES

08/07/2007

Electronic Signature of Signing Officer or Director

_____ Date