

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90026 038 ****61.25

DOCUMENT # N02000004821

1. Entity Name
SUNSET BAY CLUB MEMBERS ASSOCIATION, INC.



Principal Place of Business
**8517 SOUTH PARK CIRCLE
SUITE 210
ORLANDO, FL 32819**

Mailing Address
**8517 SOUTH PARK CIRCLE
SUITE 210
ORLANDO, FL 32819**

11010100

2. Principal Place of Business

4700 Millenia Blvd.

Suite, Apt. #, etc.

Ste. 340

City & State

Orlando, FL

Zip

32839

Country

Orange

3. Mailing Address

4700 Millenia Blvd.

Suite, Apt. #, etc.

Ste. 340

City & State

Orlando, FL

Zip

32839

Country

Orange

07082004

Chg-NP

CR2E037 (10/03)

4. FEI Number

31-1819085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROOKS, JOANNA F
8517 SOUTH PARK CIRCLE
SUITE 210
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name **Patrick B. Kirkland**

Street Address (P.O. Box Number is Not Acceptable)

4700 Millenia Blvd.

Ste. 340

City

Orlando

FL

Zip Code

32839

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

Patrick B. Kirkland, President

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D KIRKLAND, PATRICK B**
STREET ADDRESS **4360 CHAMBLEE DUNWOODY RD., STE. 407**
CITY-ST-ZIP **ATLANTA, GA 30341**

TITLE ☒ Delete
NAME **D BROOKS, JOANNA F**
STREET ADDRESS **8517 SOUTH PARK CIRCLE, SUITE 210**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☒ Delete
NAME **D LELLO, CLAIRE**
STREET ADDRESS **8517 SOUTH PARK CIRCLE, SUITE 210**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☒ Delete
NAME **D WADE, LAURA M**
STREET ADDRESS **4360 CHAMBLEE DUNWOODY RD., SUITE 407**
CITY-ST-ZIP **ATLANTA, GA 30341**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **D Kirkland, Patrick B.**
STREET ADDRESS **4700 Millenia Blvd., Ste. 340**
CITY-ST-ZIP **Orlando, FL 32839**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick B. Kirkland, President

Date

Daytime Phone #

7/9/04

407.354.0004