

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90018 046 ****61.25

DOCUMENT # N02043

1. Entity Name

SUNSET LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

P O BOX 165
BRADENTON BEACH FL 34217

Mailing Address

P O BOX 165
STE C
BRADENTON BEACH FL 34217

54012741



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2395371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIEST, STEPHEN L
9720 CYPRESS POND AVE
TAMPA FL 33647

Name
MANGINO, FRANCES A.
Street Address (P.O. Box Number is Not Acceptable)
8609 BAY RIDGE BLVD

City ORLANDO

FL Zip Code 32819

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

Frances A. Mangino FRANCES A. MANGINO

2/23/04

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MPT
NAME PRIEST, STEPHEN L
STREET ADDRESS 9720 CYPRESS POND AVE
CITY-ST-ZIP TAMPA FL 33647 ☒ Delete

TITLE MPT
NAME MANGINO, FRANCES A.
STREET ADDRESS 8609 BAY RIDGE BLVD
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☒ Addition

TITLE DV
NAME HINES, EILEEN
STREET ADDRESS 9720 CYPRESS POND AVE
CITY-ST-ZIP TAMPA FL 33647 ☒ Delete

TITLE DV
NAME MALONEY, SARAH A
STREET ADDRESS 615 FOXWORTH LANE
CITY-ST-ZIP HOLMES BEACH, FL 34217 ☐ Change ☒ Addition

TITLE DS
NAME SATO, BARBARA
STREET ADDRESS 511 75TH STREET
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 all other like empowered.

SIGNATURE: *Frances A. Mangino* FRANCES A. MANGINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 407-351-3373

Date Daytime Phone #