


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

|   |                              |  |  |  |  |
|---|------------------------------|--|--|--|--|
| <b>DOCUMENT # N02043</b><br>1. Entity Name<br><b>SUNSET LANDING CONDOMINIUM ASSOCIATION, INC.</b>   |                              |  |  |   |  |
| Principal Place of Business<br><b>P O BOX 165<br/>BRADENTON BEACH FL 34217</b>  |                              |  |  | Mailing Address<br><b>P O BOX 165<br/>STE C<br/>BRADENTON BEACH FL 34217</b>   |  |
| 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<br><b>59-2395371</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                              |  |  | <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br>Applied For<br><input type="checkbox"/> Not Applicable     |  |
| 6. Name and Address of Current Registered Agent   |                              |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>MANGINO, FRANCES A<br/>8609 BAY RIDGE BLVD<br/>ORLANDO FL 32819</b>  |                              |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |  |  |
| 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.<br>SIGNATURE <u><i>Frances A Mangino / FRANCES A. MANGINO</i></u> <u><i>3/7/05</i></u><br><small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                              |  |  |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |                              | 9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees   |  |
| <b>Make Check Payable to Florida Department of State</b>  |                              |  |  |  |  |
| 10. OFFICERS AND DIRECTORS  |                              |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE   | MPT                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000256903</b><br><b>03/09/05-80035-001 61.25</b> |  |
| NAME  | <b>MANGINO, FRANCES A</b>    |  | NAME   |  |  |
| STREET ADDRESS  | <b>8609 BAY RIDGE BLVD</b>   |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | <b>ORLANDO FL 32819</b>      |  | CITY - ST - ZIP  |  |  |
| TITLE   | DV                           | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>MARONEY, SARAH A</b>      |  | NAME   |  |  |
| STREET ADDRESS  | <b>815 FOX WORTH LANE</b>    |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | <b>HOLMES BEACH FL 34217</b> |  | CITY - ST - ZIP  |  |  |
| TITLE   | DS                           | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | <b>SATO, BARBARA</b>         |  | NAME   |  |  |
| STREET ADDRESS  | <b>511 75TH STREET</b>       |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   | <b>HOLMES BEACH FL 34217</b> |  | CITY - ST - ZIP  |  |  |
| TITLE   |                              | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                              |  | NAME   |  |  |
| STREET ADDRESS  |                              |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |                              |  | CITY - ST - ZIP  |  |  |
| TITLE   |                              | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                              |  | NAME   |  |  |
| STREET ADDRESS  |                              |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP   |                              |  | 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 all other like empowered. |                              |  |  |  |  |
| SIGNATURE: <u><i>Frances A Mangino / FRANCES A. MANGINO</i></u> <u><i>3/7/05</i></u> <u><i>407-351-3373</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                              |  |  |  |  |