2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # **N02043**

1. Entity Name

SUNSET LANDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
703 GULF DRIVE SOUTH
BRADENTON BEACH FL 34217

Mailing Address
P O BOX 165
STE C
BRADENTON BEACH FL 34217

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

MANGINO, FRANCES A
8609 BAY RIDGE BLVD
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

City | **FL** | Zip Code

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 3/14/08

Signature (typed or printed name of registered agent in lieu if applicable) (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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	MPT ☐ Delete
NAME	MANGINO, FRANCES A
STREET ADDRESS	8609 BAY RIDGE BLVD
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	DV ☐ Delete
NAME	MALONEY, SARAH A
STREET ADDRESS	615 FOX WORTH LANE
CITY-ST-ZIP	HOLMES BEACH FL 34217
TITLE	DS ☐ Delete
NAME	SATO, BARBARA
STREET ADDRESS	PO BOX 882
CITY-ST-ZIP	BRADENTON BEACH FL 34217
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	000000862371 ☐ Change ☐ Addition
NAME	04/03/08-80072-014 61.25
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Section 119, 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 3/14/08 407-351-3373