

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90138 029 \*\*\*\*61.25

**DOCUMENT # N03000000323**

1. Entity Name  
**SUNSET PALMS SOCIAL CLUB, INC.**



Principal Place of Business  
**3401 GANDY BOULEVARD  
PINELLAS PARK, FL 33781**

Mailing Address  
**3401 GANDY BOULEVARD  
PINELLAS PARK, FL 33781**

9002-



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**11-3717118**

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

**GORDON, SCOTT E  
240 SOUTH PINEAPPLE AVENUE  
SARASOTA, FL 34236**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **PRESIDENT** ☐ Delete  
NAME **GOULET, ROGER**  
STREET ADDRESS **34543 VIOLET**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **ROSALIE SHRIVER**  
STREET ADDRESS **34140 JUNIPER DR.**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D** ☐ Delete  
NAME **WAHLGREN, DARLENE**  
STREET ADDRESS **34106 CHERRY DR.**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **D** ☐ Change ☒ Addition  
NAME **TOM ABRAHAM**  
STREET ADDRESS **34166 CANAL DR.**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **S** ☒ Delete  
NAME **BOUCHER, CELESTE**  
STREET ADDRESS **34692 LAKE DR**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **D** ☐ Change ☒ Addition  
NAME **GERALD MAYO**  
STREET ADDRESS **34289 LILY DR**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **T** ☐ Delete  
NAME **KAMINSKI, LEONA**  
STREET ADDRESS **34092 CHERRY DR**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **D** ☐ Change ☒ Addition  
NAME **CAROLE BEER**  
STREET ADDRESS **34468 PALM DR.**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **D** ☒ Delete  
NAME **EASTER, MARGE**  
STREET ADDRESS **34130 OAK DR**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

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

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **SULLIVAN, MARILYN**  
STREET ADDRESS **34089 ALAMANDA DRIVE**  
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

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 Chapter 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: *LEONA KAMINSKI***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-06 727-217-9203**

Date

Daytime Phone #