

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90440 025 \*\*\*\*61.25

<b>DOCUMENT # N03000000323</b> 1. Entity Name <b>SUNSET PALMS SOCIAL CLUB, INC.</b>					
Principal Place of Business <b>3401 GANDY BOULEVARD PINELLAS PARK, FL 33781</b>			Mailing Address <b>3401 GANDY BOULEVARD PINELLAS PARK, FL 33781</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>11-3717118</b>
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GORDON, SCOTT E 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>ROGER GOULET</b> Street Address (P.O. Box Number is Not Acceptable) <b>34543 VIOLET</b> City <b>PINELLAS PARK</b> FL <b>33781</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>April 26/07</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOULET, ROGER 34543 VIOLET PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARD MOODY 34037 AZALEA PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAHLGREN, DARLENE 34106 CHERRY DR. PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM ABRAHAM 34166 CANAL DR. PINELLAS PARK FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYO, GERALD 34289 LILY DR PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARDLE DERR 34468 PALMS PINELLAS PARK FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAMINSKI, LEONA 34092 CHERRY DR PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NANCY CROZIER 34575 GARDENIA DR. PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHRIVER, ROSALIE 34140 JUNIPER DR PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, MARILYN 34089 ALAMANDA DRIVE PINELLAS PARK, FL 33781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-25-07</b> Daytime Phone # <b>727-217-9203</b>		