


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000001430	
1. Entity Name SUN KIST PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1106 N PEBBLE BCH BLVD SUN CITY CENTER, FL 33573	Mailing Address 1106 N PEBBLE BCH BLVD SUN CITY CENTER, FL 33573
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1463900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HINES, JAMES P JR 315 S HYDE PK AVE TAMPA, FL 33606

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000857855
04/01/08 00021 007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD OWENS, DIANE 1208 N PEBBLE BEACH SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD MAULT, SANDY 1202 N PEBBLE BCH BLVD SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CLAPP, JUDITH 1106 N PEBBLE BCH BLVD SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MAGGARD, JUDY 1210 N PEBBLE BEACH SUN CITY CENTER, FL 32573
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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: Judith M Clapp 3-12-08 813-633-5416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #