


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005805		
1. Entity Name SUNSET POINT CENTER OWNERS ASSOCIATION, INC.		
Principal Place of Business 278 CRYSTAL GROVE BOULEVARD LUTZ, FL 33548	Mailing Address 278 CRYSTAL GROVE BOULEVARD LUTZ, FL 33548	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LIVINGSTON, CLIFTON A 278 CRYSTAL GROVE BOULEVARD LUTZ, FL 33548		DO NOT WRITE IN THIS SPACE
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. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD LIVINGSTON, CLIFTON A 278 CRYSTAL GROVE BLVD. LUTZ, FL 33548	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LIVINGSTON, JESSICA E 177 EAST DAVIS BLVD. #2 TAMPA, FL 33608	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HAENEIN, PAUL A 224 CRYSTAL GROVE BLVD. LUTZ, FL 33548	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE 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: <u>CLIFTON A. LIVINGSTON</u> 3/15/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime/Phone #</small> PRESIDENT		



03152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1244734	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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03/28/07-80031-012 61.25

**DO NOT WRITE
IN THIS SPACE**