

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009789

FILED
Apr 26, 2007
Secretary of State

Entity Name: SUNSET PARADISE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1802 GULF BOULEVARD
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

17104 LONG ACRES LANE
ODESSA, FL 335561869 US

New Mailing Address:

FEI Number: 05-0590586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAMON, JERRY P
17104 LONG ACRES LANE
ODESSA, FL 335561869 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CLAMON, JERRY P
Address: 17104 LONG ACRES LANE
City-St-Zip: ODESSA, FL 335561869 US

Title: P () Delete
Name: CARTER, JEFF
Address: 2802 W. AZEELE STREET
City-St-Zip: TAMPA, FL 33629 US

Title: V () Delete
Name: SCHULTZ, TOM
Address: 3903 EMPEDRADO
City-St-Zip: TAMPA, FL 33629 US

Title: S () Delete
Name: CARTER, LYSSA
Address: 2802 W. AZEELE STREET
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SCHULTZ, TOM
Address: 3903 W EMPEDRADO ST
City-St-Zip: TAMPA, FL 33629 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY CLAMON

T

04/26/2007

Electronic Signature of Signing Officer or Director

Date