

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000547

FILED
Mar 23, 2009
Secretary of State

Entity Name: SUNSET PALMS MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

34485 CACTUS DR.
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

34485 CACTUS DR.
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 56-2425342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERR, NEAL W
34468 PALM DRIVE
PINELLAS PARK, FL 33781 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: P-T () Delete
Name: HICKMAN, B. J
Address: 34485 CACTUS DR.
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP () Delete
Name: CROSS, LESLIE E
Address: 34688 MAPLE DR.
City-St-Zip: PINELLAS PARK, FL 33781

Title: VP-A () Delete
Name: DERR, NEAL W
Address: 34468 PALM DR.
City-St-Zip: PINELLAS PARK, FL 33781

Title: DIR () Delete
Name: WATERBURY, DAVID J
Address: 34125 OAK DR.
City-St-Zip: PINELLAS PARK, FL 33781

Title: DIR () Delete
Name: WILLIAMS, CHARLES A
Address: 34524 VIOLET DR.
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: B. J. HICKMAN

P-T

03/23/2009

Electronic Signature of Signing Officer or Director

Date