

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90042 025 ****61.25

DOCUMENT # N04000006025

1. Entity Name

SUNSET POINT ASSOCIATION, INC.



Principal Place of Business

6900 SOUTHPOINT DRIVE NORTH, SUITE 250
JACKSONVILLE, FL 32216

Mailing Address

6900 SOUTHPOINT DRIVE NORTH, SUITE 250
JACKSONVILLE, FL 32216

40067652



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

51-0495938

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMON, BERT C
1660 PRUDENTIAL DRIVE, SUITE 203
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PS ☒ Delete
NAME SANKERS, GUS
STREET ADDRESS 6900 SOUTHPOINT DRIVE NORTH, SUITE 250
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D ☐ Delete
NAME MCMURRY, MARGIE
STREET ADDRESS 6900 SOUTHPOINT DRIVE NORTH, SUITE 250
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE STD ☐ Delete
NAME PLANCE, SANDRA
STREET ADDRESS 6900 SOUTHPOINT DRIVE NORTH, SUITE 250
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D ☐ Delete
NAME RUSSO, MARTHA
STREET ADDRESS 6900 SOUTHPOINT DR N STE 250
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D ☒ Delete
NAME BECK, LEAH
STREET ADDRESS 6900 SOUTH POINT DR. N #250
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PS ☒ Change ☒ Addition
NAME TACY MCGINTY
STREET ADDRESS 6900 SOUTHPOINT DRIVE N. STE 250
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME JOHN CRAWFORD
STREET ADDRESS 6900 SOUTH POINT DR. N #250
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
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:

Sandra J. Plance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA J. Plance

4/10/08

Date

Daytime Phone #