

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006025

FILED
Feb 24, 2009
Secretary of State

Entity Name: SUNSET POINT ASSOCIATION, INC.

Current Principal Place of Business:

6900 SOUTHPOINT DRIVE NORTH, SUITE 250
JACKSONVILLE, FL 32216

New Principal Place of Business:

10175 FORTUNE PARKWAY SUITE 1201
JACKSONVILLE, FL 32256

Current Mailing Address:

6900 SOUTHPOINT DRIVE NORTH, SUITE 250
JACKSONVILLE, FL 32216

New Mailing Address:

10175 FORTUNE PARKWAY SUITE 1201
JACKSONVILLE, FL 32256

FEI Number: 51-0495938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, BERT C
1660 PRUDENTIAL DRIVE, SUITE 203
JACKSONVILLE, FL 32207 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: PS () Delete
Name: MCGINTY, TACY
Address: 6900 SOUTHPOINT DRIVE N., SUITE 250
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: MCMURRY, MARGIE
Address: 6900 SOUTHPOINT DRIVE NORTH, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD () Delete
Name: PLANCE, SANDRA
Address: 6900 SOUTHPOINT DRIVE NORTH, SUITE 250
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Delete
Name: RUSSO, MARTHA
Address: 6900 SOUTHPOINT DR N STE 250
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Delete
Name: CRAWFORD, JOHN
Address: 6900 SOUTHPOINT DR. N., SUITE 250
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCGRATH, NANCY
Address: 10175 FORTUNE PARKWAY SUITE 1201
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: MCMURRY, MARGIE
Address: 10175 FORTUNE PARKWAY SUITE 1201
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD (X) Change () Addition
Name: PLANCE, SANDRA
Address: 10175 FORTUNE PARKWAY SUITE 1201
City-St-Zip: JACKSONVILLE, FL 32256

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: SANDRA J. PLANCE

STD

02/24/2009

Electronic Signature of Signing Officer or Director

Date