

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90053 048 \*\*\*\*61.25

**DOCUMENT # N04000006398**



1. Entity Name  
**SUNSET COVE HOMEOWNERS ASSOCIATION AT PORT  
ORANGE, INC.**

Principal Place of Business  
**2884 S. OSCEOLA AVENUE  
ORLANDO, FL 32806 US**

Mailing Address  
**2884 S. OSCEOLA AVENUE  
ORLANDO, FL 32806 US**

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

**clo World of Homes**

3. Mailing Address

**clo World of Homes**

Suite, Apt. #, etc.

**2884 S. Osceola Avenue**

Suite, Apt. #, etc.

**2884 S. Osceola Avenue**

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32806**

Country

**USA**

Zip

**32806**

Country

**USA**

01072008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**04-3794834**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FERDINANDSEN ENTERPRISES, INC.  
2884 S OSCEOLA AVENUE  
ORLANDO, FL 32806**

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 (indicate 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
DONATO, DOMINICK  
955 KELLER ROAD, SUITE 1500  
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
PRIOR, TOM  
955 KELLER ROAD, SUITE 1500  
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
BERRYHILL, BILL  
955 KELLER ROAD, SUITE 1500  
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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CITY - ST - ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #