

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006749

FILED
Mar 23, 2009
Secretary of State

Entity Name: SUNSET POINTE HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

2308 SUNSET POINTE DR.
LAKE WALES, FL 338983905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 509
LAKE WALES, FL 338590509

New Mailing Address:

FEI Number: 20-2795997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDERS, MARIANNE
2308 SUNSET POINTE DR.
LAKE WALES, FL 338983905 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: PD () Delete
Name: PAQUAN, BENJAMIN
Address: 2311 SUNSET POINTE DR.
City-St-Zip: LAKE WALES, FL 33898

Title: VPD () Delete
Name: COLON, FRANCISCO
Address: 2323 SUNSET POINT DR.
City-St-Zip: LAKE WALES, FL 33898

Title: STD () Delete
Name: SIDERS, MARIANNE
Address: 2308 SUNSET POINTE DR.
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALKER, KENNETH R
Address: 2374 SUNSET POINTE DR.
City-St-Zip: LAKE WALES, FL 33898

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: MARIANNE SIDERS

S/T

03/23/2009

Electronic Signature of Signing Officer or Director

Date