# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2008**
**Secretary of State**

DOCUMENT# N05000001730

**Entity Name:** SUNSET BAY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4807 BAYSHORE BOULEVARD
SUITE 101
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

4807 BAYSHORE BOULEVARD
SUITE 101
TAMPA, FL 33611

**New Mailing Address:**

**FEI Number: 84-1671741** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERNANDEZ, KRISTOPHER E
114 S. FREMONT AVENUE
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

FERNANDEZ, KRISTOPHER
114 S. FREMONT AVENUE
TAMPA, FL 33606 US

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: KRIS FERNANDEZ 04/30/2008
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: RAST, ROBERT
Address: 6434 SUNSET BAY CIRCLE
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Delete
Name: BREGAR, JOSEPH
Address: 6477 SUNSET BAY CIRCLE
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Delete
Name: EICHENHOLTZ, MARC
Address: 5227 BRIGHTON SHORE DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Delete
Name: MCCREADIE, ANNETTE
Address: 15027 EAGLE PARK PLACE
City-St-Zip: LITHIA, FL 33547

Title: D (X) Delete
Name: ELLISON, MARIETTA
Address: 6307 SUNSET BAY CIRCLE
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition
Name: BURNS, DOUG
Address: 6428 SUNSET BAY CIRCLE
City-St-Zip: APOLLO BEACH, FL 33572

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: GAIL LIU AGNT 04/30/2008
Electronic Signature of Signing Officer or Director Date