

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90036 028 ****66.25

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1. Entity Name
SUNSET ISLE OWNERS ASSOCIATION, INC.



Principal Place of Business
**321 SMITH RD
APALACHICOLA, FL 32320**

Mailing Address
**321 SMITH RD
APALACHICOLA, FL 32320**

DO NOT WRITE IN THIS SPACE



04022007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-2877975

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BURKE, BLUE, HUTCHISON & WALTERS, P.A.
221 MCKENZIE AVE
PANAMA CITY, FL 32401**

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IN THIS SPACE**

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 reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
DURHAM, JAMES A
321 SMITH RD
APALACHICOLA, FL 32320**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
SCHNEIDER, DELL
321 SMITH RD
APALACHICOLA, FL 32320**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
DURHAM, PATRICIA J
321 SMITH RD
APALACHICOLA, FL 32320**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

4/1/07
Date

850-653-2450
Daytime Phone #