2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006532

1. Entity Name
THE SUNSET INLET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
2251 ST. JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32246

Mailing Address
2251 ST. JOHNS BLUFF RD. S.
JACKSONVILLE, FL 32246

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01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-4677980
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, CAROLYN ESQ.
830 S. THIRD ST., STE. 104
JACKSONVILLE BEACH, FL 32250

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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 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALL, MICHAEL G.
STREET ADDRESS	2251 ST. JOHNS BLUFF RD. S.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	ROSS, JAMES
STREET ADDRESS	2251 ST. JOHNS BLUFF RD. S.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	CARLSON, FRED W.
STREET ADDRESS	2251 ST. JOHNS BLUFF RD. S.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
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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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: Michael G Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #