
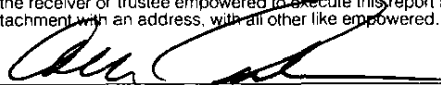


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90010 026 ****70.00

DOCUMENT # N05000008934			
1. Entity Name SUNSET POINTE OF CLEARWATER HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 9020 RANCHO DEL RIO DRIVE SUITE 125 NEW PORT RICHEY, FL 34655		Mailing Address 9020 RANCHO DEL RIO DRIVE SUITE 125 NEW PORT RICHEY, FL 34655	
2. Principal Place of Business - No P.O. Box # 9400 River Crossing Blvd. Suite, Apt. #, etc. Suite 102 City & State New Port Richey, FL Zip 34655 Country Pasco		3. Mailing Address 9400 River Crossing Blvd Suite, Apt. #, etc. Suite 102 City & State New Port Richey, FL Zip 34655 Country Pasco	
4. FEI Number 20-3771521		Applied For Not Applicable	
5. Certificate of Status Desired KX		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE SUITE 125 NEW PORT RICHEY, FL 34655		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9400 River Crossing Blvd., Suite 102 Suite 102 City New Port Richey, FL Zip Code 34655	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIETERS, STEPHANIE D 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD- DEEB, RICHARD J II 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		3/2/07 727-376-6831	
Alex R. Deeb, President		Date Daytime Phone #	

40030031



01182007 Chg-NP CR2E037 (12/06)