


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000008934

1. Entity Name
SUNSET POINTE OF CLEARWATER HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 9400 RIVER CROSSING BLVD SUITE 102 NEW PORT RICHEY, FL 34655	Mailing Address 9400 RIVER CROSSING BLVD SUITE 102 NEW PORT RICHEY, FL 34655
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01062008 No Chg-NP CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3771521	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**DEEB, ALEX R
 9400 RIVER CROSSING BLVD., SUITE 102
 NEW PORT RICHEY, FL 34655**

DO NOT WRITE 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 _____ (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 PD	NAME DEEB, ALEX R
STREET ADDRESS 9400 RIVER CROSSING BLVD., SUITE 102	CITY-ST-ZIP NEW PORT RICHEY, FL 34655
TITLE VPD	NAME DIETERS, STEPHANIE D
STREET ADDRESS 9400 RIVER CROSSING BLVD., SUITE 102	CITY-ST-ZIP NEW PORT RICHEY, FL 34655
TITLE STD	NAME DEEB, RICHARD J II
STREET ADDRESS 9400 RIVER CROSSING BLVD., SUITE 102	CITY-ST-ZIP NEW PORT RICHEY, FL 34655
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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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: *Alex R Deeb* **1/29/08** **727-376-6831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alex R Deeb President Date Daytime Phone #