

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 17, 2011**  
**Secretary of State**

DOCUMENT# N05000008934

**Entity Name:** SUNSET POINTE OF CLEARWATER HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**9400 RIVER CROSSING BLVD  
SUITE 102  
NEW PORT RICHEY, FL 34655**New Principal Place of Business:**18215 BRANCH RD  
HUDSON, FL 34667**Current Mailing Address:**9400 RIVER CROSSING BLVD  
SUITE 102  
NEW PORT RICHEY, FL 34655**New Mailing Address:**18215 BRANCH RD  
HUDSON, FL 34667

FEI Number: 20-3771521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**DEEB, ALEX R  
9400 RIVER CROSSING BLVD., SUITE 102  
NEW PORT RICHEY, FL 34655 US**Name and Address of New Registered Agent:**PREMIER COMMUNITY CONSULTANTS, INC.  
18215 BRANCH RD  
HUDSON, FL 34667 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: PAMELA S WASHBURN

10/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD  
Name: MCCLURE, BRIAN  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667Title: VPD  
Name: HUNSICKER, KEVIN  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667Title: STD  
Name: SHEA, ROBERT  
Address: 18215 BRANCH RD  
City-St-Zip: HUDSON, FL 34667

I hereby 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 all other like empowered.

SIGNATURE: PAMELA S WASHBURN

AGT

10/17/2011

Electronic Signature of Signing Officer or Director

Date