

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011725

FILED
Jul 21, 2008
Secretary of State

Entity Name: SUNSET POINTE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-4671671 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAMB, BRIAN K
2002 NORTH LOIS AVE
SUITE 507
TAMPA, FL 33607 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILKINSON, CURT
Address: 3450 BUSCHWOOD PARK DR. SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: DVP () Delete
Name: CAVALIERE, DAVE
Address: 3450 BUSCHWOOD PARK DR. SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: S () Delete
Name: KRUMIN, MARK
Address: 3450 BUSCHWOOD PARK DR SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: FIREBAUGH, CHLOE
Address: 3450 BUSCHWOOD PARK DR. SUITE 250
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHLOE FIREBAUGH

TD

07/21/2008

Electronic Signature of Signing Officer or Director

Date