

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011725

FILED  
Apr 26, 2011  
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:**

5680 W. CYPRESS ST.  
SUITE A  
TAMPA, FL 33607

**Current Mailing Address:**

2002 NORTH LOIS AVE  
SUITE 507  
TAMPA, FL 33607

**New Mailing Address:**

5680 W. CYPRESS ST.  
SUITE A  
TAMPA, FL 33607

**FEI Number:** 20-4671671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COMMUNITY ASSOCIATION MANAGEMENT SVCS  
2002 NORTH LOIS AVE  
SUITE 507  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

COMMUNITY ASSOCIATION MANAGEMENT SVCS  
5680 W. CYPRESS ST.  
SUITE A  
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:

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HUBER, TIM  
Address: 5680 W. CYPRESS ST., SUITE A  
City-St-Zip: TAMPA, FL 33607

Title: VP  
Name: PITROFF, CYNTHIA  
Address: 5680 W. CYPRESS ST., SUITE A  
City-St-Zip: TAMPA, FL 33607

Title: S  
Name: CUMMINGS, PATTY  
Address: 5680 W. CYPRESS ST., SUITE A  
City-St-Zip: TAMPA, FL 33607

Title: T  
Name: FISHER, CHIP  
Address: 5680 W. CYPRESS ST., SUITE A  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: LAYNE, OMAR  
Address: 5680 W. CYPRESS ST., SUITE A  
City-St-Zip: TAMPA, FL 33607

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: TIM HUBER

P

04/26/2011

Electronic Signature of Signing Officer or Director

Date