

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001268

FILED
Apr 30, 2007
Secretary of State

Entity Name: SUNSET POND VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4672 POMPANO STREET
PLACIDA, FL 33946

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 102
PLACIDA, FL 33946

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOANNE
4672 POMPANO STREET
PLACIDA, FL 33946 US

Name and Address of New Registered Agent:

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: D () Delete
Name: SMITH, JOANNE
Address: 4672 POMPANO STREET
City-St-Zip: PLACIDA, FL 33946

Title: D () Delete
Name: SMITH, JAMES
Address: 2128 DEL WEBB BLVD. W
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: SMITH, CAROL
Address: 2128 DEL WEBB BLVD. W
City-St-Zip: SUN CITY CENTER, FL 33573

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:

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: JOANNE SMITH

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date