

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009679

FILED
Apr 16, 2008
Secretary of State

Entity Name: SUN WEST PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 BAYSIDE DRIVE
CLEARWATER, FL 33756

New Principal Place of Business:

100 BAYSIDE DRIVE
CLEARWATER, FL 33767

Current Mailing Address:

100 BAYSIDE DRIVE
CLEARWATER, FL 33756

New Mailing Address:

100 BAYSIDE DRIVE
CLEARWATER, FL 33767

FEI Number: 20-8596472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, R. CARLTON
1253 PARK STREET
CLEARWATER, FL 33756 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: DPS () Delete
Name: BARROWS, SCOTT O
Address: 130 BAYSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: DVPT () Delete
Name: BARROWS, JUDY L
Address: 130 BAYSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BARROWS, SCOTT O
Address: 130 BAYSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33767

Title: PRES (X) Change () Addition
Name: CAVANAUGH, MIKE
Address: 100 BAYSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33767

Title: SEC () Change (X) Addition
Name: MCKIM, KEVIN
Address: 100 BAYSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33767

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: SCOTT BARROWS

VP

04/16/2008

Electronic Signature of Signing Officer or Director

Date