

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Aug 11, 2008 8:00 am
Secretary of State

04-24-2008 90098 049 ****61.25

DOCUMENT # N07000003377 1. Entity Name SUNRISE AND SUNSET CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5399 E COUNTY HWY 30A #180 SANTA ROSA BEACH, FL 32459		Mailing Address 5399 E COUNTY HWY 30A #180 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business - No P.O. Box # 116 MARKET ST Suite, Apt. #, etc.		3. Mailing Address PO BOX 411603 Suite, Apt. #, etc.	
City & State Panama City Beach 71 Country		City & State Rosemary Beach 71 Country	
4. FEL Number 20-5795024		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BARTON, PETER J 5399 E COUNTY HWY 30A #180 SANTA ROSA BEACH, FL 32459	
7. Name and Address of New Registered Agent Caribbean Properties Association, Inc. 26132 Emerald Coast Pkwy Destin FL 32541		8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and date of registration.		DATE 4/2/08 (NOTE: Registered Agent signature required when transferring)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Reid W. SIMMONS, Pres 6/22/08 850 596 1621 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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