

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07745

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** SUNSET PINES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

% BENCHMARK PROPERTY MGMT.  
7932 WILES RD  
CORAL SPRINGS, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

% BENCHMARK PROPERTY MGMT.  
7932 WILES RD  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

**FEI Number:** 59-2583703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERT KAVE & ASSOC., PA  
6261 NW 6 WAY  
SUITE 103  
FORT LAUDERDALE, FL 33309 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: SD ( ) Delete  
Name: GILLENDER, JOEI  
Address: 14624 SUNSET PINES DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DT ( ) Delete  
Name: SCOTT, MICHAEL  
Address: 4686 PINE GROVE DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete  
Name: WILLIS, LUAY  
Address: 4678 PINE GROVE DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: T ( ) Delete  
Name: YAO, KANG  
Address: 4690 PINE GROVE DR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Delete  
Name: JOE, NANCY  
Address: 4689 PINE GROVE DR  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: SCOTT, MICHAEL  
Address: 4686 PINE GROVE DR  
City-St-Zip: DELRAY BEACH, FL 33445

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

Title: T (X) Change ( ) Addition  
Name: YAO, KEVIN  
Address: 4690 PINE GROVE DR  
City-St-Zip: DELRAY BEACH, FL 33445

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: MICHAEL SCOTT

P

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date