
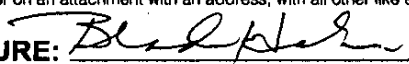


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90040 024 \*\*\*\*61.25

<b>DOCUMENT # N08119</b> 1. Entity Name <b>SUNSET HARBOR CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>SUNSET HARBOR OWNER ASSN 7453 SUNSET HARBOR DR NAVARRE, FL 32566</b>			Mailing Address <b>SUNSET HARBOR OWNER ASSN 7453 SUNSET HARBOR DR NAVARRE, FL 32566</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
03052008		Chg-NP		CR2E037 (12/06)	
4. FEI Number <b>59-2880534</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, LARRY N 7476 SUNSET HARBOR DR #433 NAVARRE, FL 32566			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILGORE, STAN 6027 WATERSIDE DR HOOVER, AL 35244	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARTER, GREG 7453 SUNSET HARBOR DR #2-102 NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Seaton, Angie 320 Stonybrook Road Columbia, TN 38401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUFF, SCOTT 142 BROOKS RD BREWTON, AL 36426	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Field, Melissa PO Box 339 Centreville, MS 39631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HABER, BRAD- 6785 PENRIDGE DR CENTERVILLE, OH 45459	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURRELL, SCOTT 160 BRIDGER POIUNT FAYETTEVILLE, GA 30215	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kilpatrick, Keith 2865 Winners Circle Drive Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Brad Haber 3-26-2008		937-367-7959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #