

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 11, 2012
Secretary of State

DOCUMENT# N08915

Entity Name: SUTTON PLACE OF TAMPA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**9750 N. ALBANY AVENUE
TAMPA, FL 33612**New Principal Place of Business:****Current Mailing Address:**PO BOX 273708
TAMPA, FL 33688 US**New Mailing Address:****FEI Number:** 59-2885547**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THE TROWBRIDGE COMPANY, INC.
3421 VALLEY RANCH DR.
LUTZ, FL 33548 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: PD
Name: BYRD, MARY GAIL
Address: 1728 CASTLE ROCK ROAD
City-St-Zip: TAMPA, FL 33612

Title: TD
Name: ELLISTON, DORIS
Address: 9817 BLUE SAGE DRIVE
City-St-Zip: TAMPA, FL 33612

Title: VP
Name: HIGGINS, TOM
Address: 9819 BROWNSTONE DRIVE
City-St-Zip: TAMPA, FL 33612

Title: SD
Name: CELLI, BARBARA
Address: 1766 CASTLE ROCK RD
City-St-Zip: TAMPA, FL 33612

Title: D
Name: ROSSANO, JOANNE
Address: 1768 CASTLE ROCK ROAD
City-St-Zip: TAMPA, FL 33612

I hereby 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 all other like empowered.

SIGNATURE: MARY GAIL BYRD

PD

06/11/2012

Electronic Signature of Signing Officer or Director

Date