

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N26401

FILED
Nov 14, 2005
Secretary of State

Entity Name: SUNSET PARK AREA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 10751
TAMPA, FL 33679 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10751
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 59-2891504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WOFFORD N
4625 LONGFOLLOW AVE
TAMPA, FL 33629 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: WOFFORD JOHNSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GODDARD, ANDREW
Address: 2504 S DUNDEE
City-St-Zip: TAMPA, FL 33629

Title: V () Delete
Name: ROTHBURD, JUDY
Address: 4838 W SUNSET
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: FRALEY, DOUGLAS
Address: 4630 LOWELL AVE
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: WEBER, HOWARD
Address: 2630 S. DUNDEE
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: MONTAGUE, JACK
Address: 4702 BROWNING
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: JOHNSON, WOFFORD
Address: 462 S LONGFELLOW
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: DIGIACOMO, TOM
Address: 4514 W. MELROSE
City-St-Zip: TAMPA, FL 33629

Title: V (X) Change () Addition
Name: RIVERA, ALEX
Address: 5018 LONGFELLOW
City-St-Zip: TAMPA, FL 33629

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

Title: P (X) Change () Addition
Name: TAGG, JIM
Address: 4618 BAY TO BAY
City-St-Zip: TAMPA, FL 33629

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS FRALEY

T

11/14/2005

Electronic Signature of Signing Officer or Director

Date