
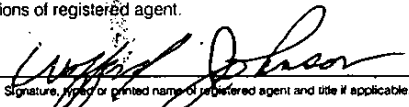
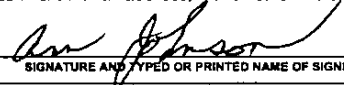


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90090 013 ****61.25

DOCUMENT # N26401 1. Entity Name SUNSET PARK AREA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 10751 TAMPA, FL 33679 US			Mailing Address P.O. BOX 10751 TAMPA, FL 33679 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, WOFFORD N 4625 LONGFOLLOW AVE TAMPA, FL 33629				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/9/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIGIACOMO, TOM		NAME		
STREET ADDRESS	4514 W. MELROSE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, ALEX		NAME	VIP	
STREET ADDRESS	5018 LONGFELLOW		STREET ADDRESS	ED COPPOCK	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	4904 SAN MIGUEL	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRALEY, DOUGLAS		NAME	ANN JOHNSON	
STREET ADDRESS	4630 LOWELL AVE		STREET ADDRESS	4625 LONGFOLLOW AVE	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAGG, JIM		NAME		
STREET ADDRESS	4618 BAY TO BAY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTAGUE, JACK		NAME	ELLINOR MONTAGUE	
STREET ADDRESS	4702 BROWNING		STREET ADDRESS	4702 BROWNING	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, WOFFORD		NAME		
STREET ADDRESS	462 S LONGFELLOW		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/9/06 813-837-8011 <small>Date Daytime Phone #</small>		