2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# N26401

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:

4625 LONGFELLOW AVE
TAMPA, FL 33679 US

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	DIGIACOMO, TOM	
Address:	4514 W. MELROSE	
City-St-Zip:	TAMPA, FL 33629	
Title:	VP	( ) Delete
Name:	COPPOCK, ED	
Address:	4904 SAN MIGUEL	
City-St-Zip:	TAMPA, FL 33629	
Title:	T	( ) Delete
Name:	JOHNSON, ANN	
Address:	4625 LONGFELLOW AVE	
City-St-Zip:	TAMPA, FL 33629	
Title:	P	( ) Delete
Name:	TAGG, JIM	
Address:	4618 BAY TO BAY	
City-St-Zip:	TAMPA, FL 33629	
Title:	D	( ) Delete
Name:	MONTAGUE, ELLINOR	
Address:	4702 BROWNING	
City-St-Zip:	TAMPA, FL 33629	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	ANDERSON, MARLIN	
Address:	5007 SAN JOSE ST. W.	
City-St-Zip:	TAMPA, FL 33629	
Title:	D	(X) Change ( ) Addition
Name:	MIRABELLA, SAM	
Address:	4909 SAN RAFAEL	
City-St-Zip:	TAMPA, FL 33629	

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: ANN JOHNSON T 05/06/2008

Electronic Signature of Signing Officer or Director — Date