

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26401

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** SUNSET PARK AREA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4625 LONGFELLOW AVE  
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:

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: ANDERSON, MARLIN  
Address: 5007 SAN JOSE ST. W.  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: MIRABELLA, SAM  
Address: 4909 SAN RAFAEL  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: S (X) Change ( ) Addition  
Name: SCHMOLL, LEE  
Address: 2618 S. DUNDEE  
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: WOFFORD N. JOHNSON

RA

04/28/2009

Electronic Signature of Signing Officer or Director

Date