

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26662

FILED
Mar 13, 2007
Secretary of State

Entity Name: SUNSET PINES HOMEOWNERS' ASSOCIATION OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

115 BLUEBELL LANE
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

533 N. NOVA RD
STE. 211
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2951785 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FARIS, SHERYL T
NORTH SHARE MGMT. GROUP
533 N. NOVA RD., STE. 211
ORMOND BEACH, FL 32174 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: VD () Delete
Name: HOLMAN, KENNETH
Address: 108 DOVECOTE LANE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD () Delete
Name: NICHOLS, GAIL
Address: 120 DOVECOTE LANE
City-St-Zip: DAYTONA BCH, FL 32114

Title: PD () Delete
Name: BERRY, WILLIAM
Address: 120 ROSEBANK RD.
City-St-Zip: WEST PALM BEACH, FL 33411

Title: T () Delete
Name: CARNEY, ELIZABETH J
Address: 124 ROSE BANK RD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: SCOTT, YVONNE
Address: 117 DOVECOTE LN
City-St-Zip: DAYTONA BEACH, FL 32114

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: () 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 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: WILLIAM BERRY

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date