2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# N31049

Entity Name: SUNSET REEF HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5901 SUN BLVD.
SUITE 203
ST. PETERSBURG, FL

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD.
SUITE 203
ST. PETERSBURG, FL

New Mailing Address:

FEI Number: 59-3035424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWTON, WILLIAM
5901 SUN BLVD.
SUITE 203
ST. PETERSBURG, FL

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:	PD	( ) Delete
Name:	LEBOWITZ, RUTH	
Address:	17960 GULF BOULEVARD #205	
City-St-Zip:	REDINGTON SHORES, FL 33708	
Title:	VPD	( ) Delete
Name:	BUCHHOLZ, D F	
Address:	17960 GULF BOULEVARD #107	
City-St-Zip:	REDINGTON SHORES, FL 33708	
Title:	SD	( ) Delete
Name:	ALGAN, LAURA	
Address:	5901 SUN BLVD #203	
City-St-Zip:	SAINT PETERSBURG, FL 33715	
Title:	TD	( ) Delete
Name:	ETHINGTON, MARY	
Address:	5901 SUN BLVD #203	
City-St-Zip:	SAINT PETERSBURG, FL 33715	
Title:	D	( ) Delete
Name:	HABIBY, ELIAS	
Address:	5901 SUN BLVD #203	
City-St-Zip:	SAINT PETERSBURG, FL 33715	

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 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: RUTH LEBOWITZ MS 01/06/2004

Electronic Signature of Signing Officer or Director — Date