

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31049

FILED  
Jan 10, 2006  
Secretary of State

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 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: 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: HERMAN, DENISE  
Address: 5901 SUN BLVD #203  
City-St-Zip: SAINT PETERSBURG, FL 33715

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

Title: D (X) Change ( ) Addition  
Name: GUGLIELMO, BARBARA  
Address: 17960 GULF BOULEVARD  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: D (X) Change ( ) Addition  
Name: BUCHHOLZ, D F  
Address: 17960 GULF BOULEVARD #107  
City-St-Zip: REDINGTON SHORES, FL 33708

Title: PD (X) Change ( ) Addition  
Name: ALGAN, LAURA  
Address: 5901 SUN BLVD #203  
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: TD (X) Change ( ) Addition  
Name: PHILIPS, TAMI  
Address: 5901 SUN BLVD #203  
City-St-Zip: SAINT PETERSBURG, FL 33715

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: LAURA ALGREN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

01/10/2006

\_\_\_\_\_  
Date