

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31256

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE SUNSET LANDING ASSOCIATION, INC.

Current Principal Place of Business:

5528 SUNSET LANDING CIRCLE
ST. AUGUSTINE, FL 320807367 US

New Principal Place of Business:

Current Mailing Address:

5528 SUNSET LANDING CIRCLE
ST. AUGUSTINE, FL 320807367 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STANLEY, JACK
5501 SUNSET LANDING CIR
ST AUGUSTINE, FL 320807367 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: STANLEY, JACK
Address: 5501 SUNSET LANDING CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 320807367 US

Title: VD () Delete
Name: GUERRA, KRISTIN
Address: 5513 SUNSET LANDING CIRCLE
City-St-Zip: ST AUGUSTINE, FL 320807367 US

Title: SD () Delete
Name: DEAN, LINDA
Address: 5524 SUNSET LANDING CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: TD () Delete
Name: MURATI, GEORGE J
Address: 5528 SUNSET LANDING CIRCLE
City-St-Zip: ST AUGUSTINE, FL 320807367

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:

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: GEORGE J MURATI

TD

04/23/2009

Electronic Signature of Signing Officer or Director

Date