


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90166 045 \*\*\*\*61.25

<b>DOCUMENT # N31505</b> 1. Entity Name <b>SUNSET SPRINGS MAINTENANCE ASSOCIATION, INC.</b>					
Principal Place of Business <b>% T&amp;G MANAGEMENT SERVICES, INC.</b> <b>18001 OLD CUTLER RD. SUITE 333</b> <b>PALMETTO BAY, FL 33157</b>			Mailing Address <b>% T&amp;G MANAGEMENT SERVICES, INC.</b> <b>18001 OLD CUTLER RD. SUITE 333</b> <b>PALMETTO BAY, FL 33157</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0107022</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BAKALAR &amp; EICHNER P.A.</b> <b>150 S PINE ISLAND RD</b> <b>SUITE 150</b> <b>PLANTATION, FL 33324-2669</b>			Name <b>Brough, Chadrow &amp; Levine, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1900 N. Commerce Parkway</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, RICHARD</b> <b>3300 CORPORATE AVE #110</b> <b>WESTON, FL 33331</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>HARTER, WILLIAM</b> <b>1227 Tennyson Court</b> <b>Weston, FL 33326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MCKENNA, MYRA</b> <b>3300 CORPORATE AVE #110</b> <b>WESTON, FL 33331</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MCKENNA, MYRA</b> <b>800 Hampton Court</b> <b>Weston, FL 33326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LANG, JEFF</b> <b>3300 CORPORATE AVE #110</b> <b>WESTON, FL 33331</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LANG, JEFF</b> <b>879 Ansley Court</b> <b>Weston, FL 33326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LITTLEJOHN, ERIC</b> <b>844 HAMPTON COURT</b> <b>FT. LAUDERDALE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LITTLEJOHN, ERIC</b> <b>844 Hampton Court</b> <b>Weston, FL 33326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FORAY, DWAIN</b> <b>3300 CORPORATE AVE #110</b> <b>WESTON, FL 33331</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FORAY, DWAIN</b> <b>1257 Tennyson Court</b> <b>Weston, FL 33326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBE, EDWARD</b> <b>3300 CORPORATE AVE #110</b> <b>WESTON, FL 33331</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BARBE, EDWARD</b> <b>1269 Water View Court</b> <b>Weston, FL 33326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/9/06 954-308-6235</b> <small>Date Daytime Phone #</small>		

*William Harter*