
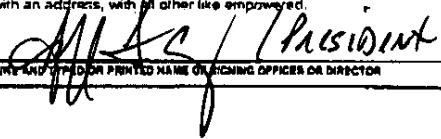


FILED
May 16, 2007 8:00 am
Secretary of State

03-30-2007 90137 007 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---|---|---|---|
| DOCUMENT # N31505 | |  | |
| 1. Entity Name SUNSET SPRINGS MAINTENANCE ASSOCIATION, INC. | | | |
| Principal Place of Business % T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER RD. SUITE 333 PALMETTO BAY, FL 33157 | | Mailing Address % T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER RD. SUITE 333 PALMETTO BAY, FL 33157 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. 509 | | Suite, Apt. #, etc. 509 | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 85-0107022 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fcn Required | |
| 6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A. 1900 N. COMMERCE PKWY FORT LAUDERDALE, FL 33328 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL | Zip Code |
| 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 _____ DATE _____ | | | |
| Filing Fee is \$01.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | TS HARTER, WILLIAM 1227 TERRYSTONE CT WESTON, FL 33326 | <input type="checkbox"/> Delete | TITLE SECRETARY HARTER, WILLIAM 1227 TERRYSTONE CT, WESTON, FL 33326 |
| TITLE | VPD MCKENNA, MYRA 800 HAMPTON CT WESTON, FL 33328 | <input type="checkbox"/> Delete | TITLE TREASURER SNYDER, DAVID 1011 FAIR FAX LN. WESTON, FL 33326 |
| TITLE | PD LANG, JEFF 879 ANSLEY CT WESTON, FL 33328 | <input type="checkbox"/> Delete | TITLE DIRECTOR MANTY, SANDY 1005 FAIR FAX LN. WESTON, FL 33326 |
| TITLE | D LITTLEJOHN, ERIC 844 HAMPTON COURT WESTON, FL 33328 | <input type="checkbox"/> Delete | TITLE |
| TITLE | D ENGELHARD, COREY 730 CRYSTAL COURT WESTON, FL 33326 | <input type="checkbox"/> Delete | TITLE |
| TITLE | D BARBE, EDWARD 1289 WATERVIEW CT WESTON, FL 33328 | <input type="checkbox"/> Delete | TITLE |
| 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 517, 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 employed. | | | |
| SIGNATURE:  | | 4/19/07 9547648158 | |
| SIGNATURE AND TITLE OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR | | DATE | |

66015055



03032007 Chg-NP CR2E037 (12/08)