

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33737

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** SUNSET CAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1500 GATEWAY BLVD  
220  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O VICTORY ACCTG SERVICE  
1500 GATEWAY BLVD #220  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

**FEI Number:** 59-3303143      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ST JOHN ROSSIN BURR & LEMME PLLC  
1601 FORUM PLACE SUITE 701  
CENTURION TOWER  
WEST PALM BEACH, FL 33401 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: SD  
Name: WEBER, LYNNE  
Address: 4431 SUNSET CAY CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TVPD  
Name: PAULEN, MATT  
Address: 4423 SUNSET CAY CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: PD  
Name: LOQUERICO, MIKE  
Address: 4415 SUNSET CAY CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby 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 all other like empowered.

SIGNATURE: MIKE LOQUERICO

PD

04/02/2012

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

\_\_\_\_\_  
Date