


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N36027 1. Entity Name OWNERS' ASSOCIATION AT SUNSET HARBOR, INC.	
---	---

Principal Place of Business 12901 42ND TER. W. CORTEZ, FL 34215	Mailing Address 12901 42ND TER. W. CORTEZ, FL 34215
---	---



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0169366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRATTON, JOSEPH 12909 42ND TERRACE WEST CORTEZ, FL 34215	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRATTON, JOSEPH 12909 42 TERRACE W. CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRATTON, PRISCILLA 12909 42ND TERRACE CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SALVADOR, JUDY W 12901 42ND TERRACE W. CORTEZ, FL 34215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000175757
 01/10/05-80063-016 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Judy W. Salvador Judy W. Salvador 1/5/05 798-6999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #