


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36027</b> 1. Entity Name <b>OWNERS' ASSOCIATION AT SUNSET HARBOR, INC.</b>	
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Principal Place of Business <b>12901 42ND TER. W. CORTEZ, FL 34215</b>	Mailing Address <b>12901 42ND TER. W. CORTEZ, FL 34215</b>
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01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>GRATTON, JOSEPH 12909 42ND TERRACE WEST CORTEZ, FL 34215</b>
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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 reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000787794</b> <b>01/18/08-80014-014 61.25</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAY, CAROLYN 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	

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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.
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<b>SIGNATURE:</b> <i>Judy W. Salvador</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Judy W. Salvador</b>	<i>1/15/08</i> <small>Date</small>	<i>941-798-6999</i> <small>Daytime Phone #</small>
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