

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36027

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**Entity Name:** OWNERS' ASSOCIATION AT SUNSET HARBOR, INC.

**Current Principal Place of Business:**

12901 42ND TER. W.  
CORTEZ, FL 34215

**New Principal Place of Business:**

**Current Mailing Address:**

12901 42ND TER. W.  
CORTEZ, FL 34215

**New Mailing Address:**

**FEI Number:** 65-0169366      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GRATTON, JOSEPH  
12909 42ND TERRACE WEST  
CORTEZ, FL 34215    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: PD            ( ) Delete  
Name: FAY, CAROLYN  
Address: 12909 42 TERRACE W.  
City-St-Zip: CORTEZ, FL 34215

Title: SD            ( ) Delete  
Name: GRATTON, PRISCILLA  
Address: 12909 42ND TERRACE  
City-St-Zip: CORTEZ, FL 34215

Title: TD            ( ) Delete  
Name: SALVADOR, JUDY W  
Address: 12901 42ND TERRACE W.  
City-St-Zip: CORTEZ, FL 34215

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD            (X) Change ( ) Addition  
Name: FAY, CAROLYN  
Address: 12925 42 TERRACE W.  
City-St-Zip: CORTEZ, FL 34215

Title:                ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDY W. SALVADOR

TD

01/20/2009

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

\_\_\_\_\_  
Date