

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38565

FILED
Apr 20, 2008
Secretary of State

Entity Name: SUNSET SHORES CO-OP, INC.

Current Principal Place of Business:

1000 S CLINCH BLVD
LOT 9
FROSTPROFF, FL 33843 US

Current Mailing Address:

BOX 1078
FROSTPROFF, FL 33843 US

New Principal Place of Business:

1000 S CLINCH BLVD
LOT 19
FROSTPROFF, FL 33843 US

New Mailing Address:

FEI Number: 59-3103618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE COLLING ATTORNEY & ASSOC. P.A.
529 VERSAILLES DR STE 103
MAITLAND, FL 32751 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: P () Delete
Name: SEELY, ROBERT
Address: 1000 S CLINCH LAKE BLVD, LOT 51
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: BELANGER, ROY
Address: 1000 S CLINCH LAKE BLVD LOT 27
City-St-Zip: FROSTPROOF, FL 33843

Title: S () Delete
Name: RUEHLE, JANET
Address: 1000 S CLINCH LAKE BLVD LOT 47
City-St-Zip: FROSTPROOF, FL 33843

Title: VP () Delete
Name: HOSIER, JAMES
Address: 1000 S. CLINCH LAKE BLVD., LOT 52 A
City-St-Zip: FROSTPROOF, FL 33843

Title: T () Delete
Name: DEKAIB, RAYMOND
Address: 1000 S. CLINCH LAKE BLVD., LOT 54
City-St-Zip: FROSTPROOF, FL 33843

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: ORZEHOSKI, MARIANNE
Address: 1000 S CLINCH LAKE BLVD LOT 62
City-St-Zip: FROSTPROOF, FL 33843

Title: D (X) Change () Addition
Name: BUSSE, JAMES
Address: 1000 S. CLINCH LAKE BLVD., LOT 25
City-St-Zip: FROSTPROOF, FL 33843

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

Title: D () Change (X) Addition
Name: WENTER, PAM
Address: 1000 S. CLINCH LAKE BLVD., LOT 53
City-St-Zip: FROSTPROOF, FL 33843

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: ROBERT SEELY

PRES

04/20/2008

Electronic Signature of Signing Officer or Director

_____ Date