

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38565

FILED  
Jan 19, 2010  
Secretary of State

Entity Name: SUNSET SHORES CO-OP, INC.

**Current Principal Place of Business:**

1000 SOUTH CLINCH BOULEVARD  
LOT 19  
FROSTPROOF, FL 33843 US

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 1078  
FROSTPROOF, 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:**

SCOTT GORDON -LUTZ, BOBO, TELFAIR, EASTMAN  
TWO N. TAMiami TRAIL, SUITE 500  
SARASOTA,, FL 34236 US

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: SCOTT GORDON

01/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SEELY, ROBERT  
Address: 1000 SOUTH CLINCH LAKE BOULEVARD, LOT 51  
City-St-Zip: FROSTPROOF, FL 33843

Title: VP/T  
Name: DE KALB, RAYMOND  
Address: 1000 SOUTH CLINCH LAKE BOULEVARD, LOT 54  
City-St-Zip: FROSTPROOF, FL 33843

Title: S  
Name: COLE, VAL  
Address: 1000 SOUTH CLINCH LAKE BOULEVARD, LOT 59  
City-St-Zip: FROSTPROOF, FL 33843

Title: D  
Name: HARD, PEGGY  
Address: 1000 SOUTH CLINCH LAKE BOULEVARD, LOT 26  
City-St-Zip: FROSTPROOF, FL 33843

Title: D  
Name: TRACY, LARRY  
Address: 1000 SOUTH CLINCH LAKE BOULEVARD, LOT 19  
City-St-Zip: FROSTPROOF, FL 33843

Title: D  
Name: SHAVER, CHARLOTTE  
Address: 1000 SOUTH CLINCH LAKE BOULEVARD, LOT 60  
City-St-Zip: FROSTPROOF, FL 33843

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: ROBERT SEELY

PRES

01/19/2010

Electronic Signature of Signing Officer or Director

Date