

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46437

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** THE SUNSET PLACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

145 PUESTA DEL SOL  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BYRO REALTY, INC.  
6512 SUPERIOR AVENUE  
SARASOTA, FL 34231

**New Mailing Address:**

C/O YORK MANAGEMENT  
375 INTERSTATE BLVD  
SARASOTA, FL 34240

FEI Number: 65-0306634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

H.R. BYRD OF BYRD REALTY INC.  
6512 SUPERIOR AVE  
SARASOTA, FL 34231 US

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

YORK MANAGEMENT  
375 INTERSTATE BLVD  
SARASOTA, FL 34240 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: T F TREHARNE

03/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARINO, MARISSA  
Address: 145 PUESTA DEL SOL  
City-St-Zip: OSPREY, FL 34229

Title: VP ( ) Delete  
Name: CAMPBELL, JUDI  
Address: 148 PUESTA DEL SOL  
City-St-Zip: OSPREY, FL 34229

Title: ST ( ) Delete  
Name: PINKARD, SUSAN  
Address: 145 PUESTA DEL SOL  
City-St-Zip: OSPREY, FL 34229

Title: BM (X) Delete  
Name: DEININGER, SHIELA  
Address: 162 PUESTA DEL SOL  
City-St-Zip: OSPREY, FL 34229

Title: BM (X) Delete  
Name: SWART, NANCY  
Address: 157 PUESNA DEL SOL  
City-St-Zip: OSPREY, FL 34229

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

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

Title: BM (X) Change ( ) Addition  
Name: SWART, NANCY  
Address: 157 PUESTA DEL SOL  
City-St-Zip: OSPREY, FL 34229

Title: ST (X) Change ( ) Addition  
Name: VOORHEES, JOHN  
Address: 149 PUESTA DEL SOL  
City-St-Zip: OSPREY, FL 34229

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: T F TREHARNE

PM

03/13/2009

Electronic Signature of Signing Officer or Director

Date