

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48952

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE MANOR HOMES AT SUNSET BEACH OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

77 SUNSET STRIP
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5111
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3116766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND L F
348 MIRACLE STRIP PARKWAY SW
SUITE 7
FORT WALTON BEACH, FL 33548 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: DP () Delete
Name: OCKUNZZI, THOMAS
Address: 80 SUNSET BEACH PLACE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: MCCABE, JAMES
Address: 4334 SUNSET BEACH CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: DT () Delete
Name: RAULERSON, LARRY
Address: 4332 SUNSET BEACH CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: GIBBONS, RUTH
Address: 4301-D SUNSET BEACH BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: DITIRRO, RAYMOND
Address: 4325 SUNSET BEACH BLVD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: MCCABE, JAMES
Address: 4334 SUNSET BEACH CIRCLE
City-St-Zip: NICEVILLE, FL 32578

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

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: THOMAS OCKUNZZI

DP

02/23/2009

Electronic Signature of Signing Officer or Director

Date