

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # N50330

1. Entity Name

SUNSET OAKS/CASSELBERRY HOMEOWNERS  
ASSOCIATION, INC.



**FILED  
Mar 10, 2006 8:00 am  
Secretary of State**

03-10-2006 90009 047 \*\*\*\*61.25



1st MOORE CR2E037 (10/05)

Principal Place of Business <b>200 OLD OAK POINT CASSELBERRY FL 32707 US</b>		Mailing Address <b>P.O. BOX 180092 CASSELBERRY FL 32718-0092 US</b>	
2. Principal Place of Business <b>274 OAK PARK PLACE</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>100</b>		Suite, Apt. #, etc.	
City & State <b>CASSELBERRY FL</b>		City & State	
Zip <b>32707</b>	Country <b>US</b>	Zip	Country

4. FEI Number <b>59-3165867</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MCAULIFFE, KEN 200 OLD OAK POINT CASSELBERRY FL 32707</b>	7. Name and Address of New Registered Agent  Name <b>CATHY ELSTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>274 OAK PARK PLACE</b> City <b>CASSELBERRY FL, 32707 FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Cathy Elston / President 3/2/06*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCAULIFFE, KEN 200 OLD OAK POINT CASSELBERRY FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TREASURER DAVID BULLERHANCE 209 OAK PARK PLACE CASSELBERRY FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAINEY, MICHAEL 204 OLD OAK POINT CASSELBERRY FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PD ELSTON, CATHY 274 OAK PARK PLACE CASSELBERRY FL 32707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVID A. Keys 250 OAK PARK PLACE (CASSELBERRY, FL 32707)	<input type="checkbox"/> Delete <i>ADD</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARIA MARTIN 330 OAK PARK PLACE (CASSELBERRY, FL 32707)	<input type="checkbox"/> Delete <i>ADD</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOMINICK OQUENDO 271 OAK PARK PLACE (CASSELBERRY FL 32707)	<input type="checkbox"/> Delete <i>ADD</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Bullerhance*

3206 407831-5269

SIGNATURE AND FINGER PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE