


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

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

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

DOCUMENT # N50330 1. Entity Name SUNSET OAKS/CASSELBERRY HOMEOWNERS ASSOCIATION, INC.																											
Principal Place of Business 200 OLD OAK POINT CASSELBERRY FL 32707 US		Mailing Address P.O. BOX 180092 CASSELBERRY FL 32718-0092 US																									
2. Principal Place of Business 274 OAK PARK PLACE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State CASSELBERRY FL Zip 32707		City & State Zip																									
4. FEI Number 59-3165867		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCAULIFFE, KEN 200 OLD OAK POINT CASSELBERRY FL 32707		7. Name and Address of New Registered Agent Name Cathy Elston Street Address (P.O. Box Number is Not Acceptable) 274 OAK PARK PLACE City CASSELBERRY FL, 32707 FL Zip Code																									
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 <i>Cathy Elston / President</i> 3/2/6 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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																									
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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: <i>David Burlingame</i> TREASURER		3-206 40783-5269																									