

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N50330

1. Entity Name



SUNSET OAKS/CASSELBERRY HOMEOWNERS
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

274 OLD OAK POINT
CASSELBERRY FL 32707
US

P.O. BOX 180092
CASSELBERRY FL 32718-0092
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3165867

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELSTON, CATHY
274 OLD OAK POINT
CASSELBERRY FL 32707

Name

ELSTON, CATHY

Street Address (P.O. Box Number is Not Acceptable)

274 OAK PARK PLACE

CASSELBERRY

City

FL

Zip Code
32707

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

David T. Buehler

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

T BURLINGANYE, DAVID
209 OAK PARK PL
CASSELBERRY FL 32707

VD KEYS, DAVID A
250 OAK PARK PL
CASSELBERRY FL 32707

PD ELSTON, CATHY
274 OAK PARK PLACE
CASSELBERRY FL 32707

STD MARTIN, MARTY
330 OAK PARK PL
CASSELBERRY FL 32707

STD OQUENDO, DOMINICK
271 OAK PARK PL
CASSELBERRY FL 32707

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-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 T. Buehler

TREASURER

2-20-07

407-831-5269