

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50330

FILED
Jan 27, 2009
Secretary of State

Entity Name: SUNSET OAKS/CASSELBERRY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

274 OLD OAK POINT
CASSELBERRY, FL 32707 US

New Principal Place of Business:

209 OLD OAK POINT
CASSELBERRY, FL 32707 US

Current Mailing Address:

P.O. BOX 180092
CASSELBERRY, FL 327180092 US

New Mailing Address:

FEI Number: 59-3165867 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ELSTON, CATHY
274 OLD OAK POINT
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

BURLINGAME, DAVID
209 OLD OAK POINT
CASSELBERRY, FL 32707 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: DAVID BURLINGAME

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BURLINGAME, DAVID
Address: 209 OAK PARK PL
City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete
Name: KEYS, DAVID A
Address: 250 OAK PARK PL
City-St-Zip: CASSELBERRY, FL 32707

Title: PD () Delete
Name: ELSTON, CATHY
Address: 274 OAK PARK PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: STD () Delete
Name: MARTIN, MARTY
Address: 330 OAK PARK PL
City-St-Zip: CASSELBERRY, FL 32707

Title: STD () Delete
Name: OQUENDO, DOMINICK
Address: 271 OAK PARK PL
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PRES (X) Change () Addition
Name: KEYS, DAVID A
Address: 250 OAK PARK PL
City-St-Zip: CASSELBERRY, FL 32707

Title: STD (X) Change () Addition
Name: ELSTON, CATHY
Address: 274 OAK PARK PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: VP (X) Change () Addition
Name: TAYLOR, MARC
Address: 326 OAK PARK PLACE
City-St-Zip: CASSELBERRY, FL 32707

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

Title: STD () Change (X) Addition
Name: HOEWELER, JOHN
Address: 283 OAK PARK PLACE
City-St-Zip: CASSELBERRY, FL 32707

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: DAVID BURLINGAME

TRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date