

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50330

FILED
Jan 06, 2010
Secretary of State

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

Current Principal Place of Business:

209 OLD OAK POINT
CASSELBERRY, FL 32707 US

New Principal Place of Business:

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:

BURLINGAME, DAVID
209 OLD OAK POINT
CASSELBERRY, FL 32707 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: T
Name: BURLINGAME, DAVID
Address: 209 OAK PARK PL
City-St-Zip: CASSELBERRY, FL 32707

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

Title: STD
Name: ELSTON, CATHY
Address: 274 OAK PARK PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: VP
Name: TAYLOR, MARC
Address: 326 OAK PARK PLACE
City-St-Zip: CASSELBERRY, FL 32707

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

Title: STD
Name: HOEWELER, JOHN
Address: 283 OAK PARK PLACE
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

SIGNATURE: DAVID BURLINGAME

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01/06/2010

Electronic Signature of Signing Officer or Director

Date