

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000460**

1. Entity Name

SUNSET BAY OWNERS' ASSOCIATION, INC.



Principal Place of Business

907 SUNSET BAY CT  
SHALIMAR, FL 32579

Mailing Address

907 SUNSET BAY CT  
SHALIMAR, FL 32579



04062006 No Chg-NP

CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3370789

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, DONALD R  
907 SUNSET BAY CT  
SHALIMAR, FL 32579

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, TONY 905 SUNSET BAY CT SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZERULL, ROBERT 906 SUNSET BAY CT SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, DONALD R 907 SUNSET BAY CT SHALIMAR, FL 32579
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000000505321  
04/26/06-80110-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 APR 2006

850-608-6093