2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N92000000460

Entity Name: SUNSET BAY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

907 SUNSET BAY CT
SHALIMAR, FL 32579

New Principal Place of Business:

902 SUNSET BAY CT
SHALIMAR, FL 32579

Current Mailing Address:

907 SUNSET BAY CT
SHALIMAR, FL 32579

New Mailing Address:

902 SUNSET BAY CT
SHALIMAR, FL 32579

FEI Number: 59-3370789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KLEIN, LORIN D
902 SUNSET BAY CT
SHALIMAR, FL 32579 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: LORIN KLEIN 04/29/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIMPSON, TONY
Address: 905 SUNSET BAY CT
City-St-Zip: SHALIMAR, FL 32579

Title: VD ( ) Delete
Name: ZERULL, ROBERT
Address: 906 SUNSET BAY CT
City-St-Zip: SHALIMAR, FL 32579

Title: STD ( ) Delete
Name: BROWN, DONALD R
Address: 907 SUNSET BAY CT
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: WALDORF, DALE
Address: 916 SUNSET BAY CT
City-St-Zip: SHALIMAR, FL 32579

Title: STD (X) Change ( ) Addition
Name: KLEIN, LORIN D
Address: 902 SUNSET BAY CT
City-St-Zip: SHALIMAR, FL 32579

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: TONY SIMPSON PD 04/29/2007
Electronic Signature of Signing Officer or Director Date