


FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90045 006 ****61.25

DOCUMENT # N94000005644 1. Entity Name SUNSET GROVES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business PO BOX 542229 MERRITT ISLAND, FL 32954-2229 US	Mailing Address PO BOX 542229 MERRITT ISLAND, FL 32954-2229 US
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50030429



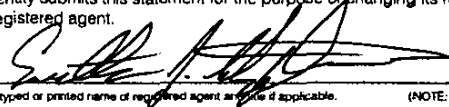
2. Principal Place of Business <i>Sunset Groves Homeowners Association</i> Suite, Apt. #, etc. P.O. Box 542229 City & State Merritt Island, FL. Zip 32953 Country USA	3. Mailing Address <i>Sunset Groves Homeowners Assoc.</i> Suite, Apt. #, etc. P.O. Box 542229 City & State Merritt Island, FL. Zip 32953 Country USA
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02082005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3286727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EVANS, JOHN H 1702 S WASHINGTON AVENUE TITUSVILLE, FL 32780 <div style="text-align: center; font-size: 2em; opacity: 0.5;">Delete</div>	7. Name and Address of New Registered Agent Name Everette Stephens Street Address (P.O. Box Number is Not Acceptable) 3220 Biscayne Drive Merritt Island, City <div style="display: flex; justify-content: space-between;"> FL Zip Code 32953 </div>
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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.

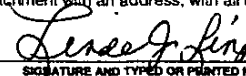
SIGNATURE  DATE **3/15/05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S RICOUARD, MARIE 3350 BISCAYNE DR. MERRITT ISLAND, FL 32953	TITLE	President Everette Stephens 3220 Biscayne Dr. Merritt Island, FL 32953
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VP PHILLIPS, STEVE 3360 BISCAYNE DR. MERRITT ISLAND, FL 32953	TITLE	Board Member David Ricouard 3350 Biscayne Dr. Merritt Island, FL 32953
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D SCARPA, RAYMOND 3430 BISCAYNE DRIVE MERRITT ISLAND, FL 32953	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D LINK, LINDA 3391 BISCAYNE DRIVE MERRITT ISLAND, FL 32953	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D PHILLIPS, ROSALIE 3350 BISCAYNE DR. MERRITT ISLAND, FL 32953	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D JADOONATH, DANIEL 3221 BISCAYNE DR. MERRITT ISLAND, FL 32953	TITLE	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Linda J. Link, Treasurer/SGHA** DATE **3-15-05** (321) 861-5362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR