

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

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

50030429

DOCUMENT # N94000005644		
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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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2. Principal Place of Business Sunset Groves Homeowners Association	3. Mailing Address Sunset Groves Homeowners Assoc.
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Suite, Apt. #, etc. P.O. Box 542229	Suite, Apt. #, etc. P.O. Box 542229
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City & State Merritt Island, FL	City & State Merritt Island, FL
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Zip 32953	Country USA	Zip 32953	Country USA
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6. Name and Address of Current Registered Agent EVANS, JOHN H 1702 S WASHINGTON AVENUE TITUSVILLE, FL 32780		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 FL Zip Code 32953	
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Delete

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 or trustee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/05

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICOURD, MARIE 3350 BISCAYNE DR. MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Everette Stephens 3220 Biscayne Dr. Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, STEVE 3360 BISCAYNE DR. MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member David Ricouard 3350 Biscayne Dr. Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARPA, RAYMOND 3430 BISCAYNE DRIVE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINK, LINDA 3391 BISCAYNE DRIVE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, ROSALIE 3350 BISCAYNE DR. MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JADOOONATH, DANIEL 3221 BISCAYNE DR. MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.

(321)

SIGNATURE: Linda J. Link, Linda J. Link, Treasurer/SGHA 3-15-05 861-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #