

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90368 023 \*\*\*\*61.25

<b>DOCUMENT # N94000005644</b>					
<b>1. Entity Name</b> SUNSET GROVES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> SUNSET GROVES HOMEOWNERS ASSOCIATION PO BOX 542229 MERRITT ISLAND, FL 32953 US			<b>Mailing Address</b> SUNSET GROVES HOMEOWNERS ASSOCIATION PO BOX 542229 MERRITT ISLAND, FL 32953 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3286727	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
STEPHENS, EVERETTE 3220 BISCAYNE DRIVE MERRITT ISLAND, FL 32953				Name <u>Robert Willcox</u> Street Address (P.O. Box Number is Not Acceptable) <u>3420 Biscayne Dr.</u> City <u>Merritt Island</u> FL <u>32953</u>	
<b>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.</b>					
SIGNATURE <u>Robert Willcox, Pres. 4/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> S <b>NAME</b> RICOUARD, MARIE <b>STREET ADDRESS</b> 3350 BISCAYNE DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> PHILLIPS, STEVE <b>STREET ADDRESS</b> 3360 BISCAYNE DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> SCARPA, RAYMOND <b>STREET ADDRESS</b> 3430 BISCAYNE DRIVE <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> LINK, LINDA <b>STREET ADDRESS</b> 3391 BISCAYNE DRIVE <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> PHILLIPS, ROSALIE <b>STREET ADDRESS</b> 3350 BISCAYNE DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete				
<b>TITLE</b> P <b>NAME</b> STEPHENS, EVERETTE <b>STREET ADDRESS</b> 3220 BISCAYNE DR <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> S/D <b>NAME</b> PATRICE SCARPA <b>STREET ADDRESS</b> 3430 BISCAYNE DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VP <b>NAME</b> DAVID RICOUARD <b>STREET ADDRESS</b> 3350 BISCAYNE DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> T/D <b>NAME</b> ROSALIE PHILLIPS <b>STREET ADDRESS</b> 3360 BISCAYNE DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> P/D <b>NAME</b> ROBERT WILLCOX <b>STREET ADDRESS</b> 3420 BISCAYNE DR <b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>Rosalie Phillips, Treasurer/Director/SCHA</u> <u>4/14/06</u> <u>799-7084</u> <u>(321)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					