

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005644

FILED
Feb 18, 2008
Secretary of State

Entity Name: SUNSET GROVES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SUNSET GROVES HOMEOWNERS ASSOCIATION
PO BOX 542229
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

SUNSET GROVES HOMEOWNERS ASSOCIATION
3230 BISCAYNE DR.
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

SUNSET GROVES HOMEOWNERS ASSOCIATION
PO BOX 542229
MERRITT ISLAND, FL 32953 US

New Mailing Address:

PO BOX 542229
MERRITT ISLAND, FL 32953 US

FEI Number: 59-3286727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLCOX, ROBERT
3420 BISCAYNE DR
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

MURR, KATHIE A
3230 BISCAYNE DR
MERRITT ISLAND, FL 32953 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: KATHIE A. MURR

02/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SCARPA, PATRICE
Address: 3430 BISCAYNE DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TD () Delete
Name: PHILLIPS, ROSALIE
Address: 3360 BISCAYNE DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PD () Delete
Name: WILLCOX, ROBERT
Address: 3420 BISCAYNE DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP (X) Delete
Name: DILECCE, PIETRO
Address: 3340 BISCAYNE DR
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SDT (X) Change () Addition
Name: MURR, JERRY D
Address: 3230 BISCAYNE DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PD (X) Change () Addition
Name: MURR, KATHIE A
Address: 3230 BISCAYNE DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD (X) Change () Addition
Name: JADOONATH, DAN
Address: 3221 BISCAYNE DR
City-St-Zip: MERRITT ISLAND, FL 32953

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

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: KATHIE A. MURR

PD

02/18/2008

Electronic Signature of Signing Officer or Director

Date