

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004643

FILED
Apr 30, 2009
Secretary of State

Entity Name: SUNSET OAKS OF ESCAMBIA COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CENTRE GROUP PROPERTIES, INC.
4400 BAYOU BLVD #35
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

CENTRE GROUP PROPERTIES, INC.
4400 BAYOU BLVD #35
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3356019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD
#35
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHEM, KEVIN
Address: 1134 CAMAREE PL
City-St-Zip: PENSACOLA, FL 32534

Title: V () Delete
Name: OZBORN, DONALD
Address: 1115 CAMAREE PL
City-St-Zip: PENSACOLA, FL 32534

Title: ST () Delete
Name: STOKES, ROY
Address: 1131 CAMAREE PL
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PETERSEN, FLOYD
Address: 1143 CAMAREE PL
City-St-Zip: PENSACOLA, FL 32534

Title: V (X) Change () Addition
Name: HOPKINS, JOSHUA
Address: 1154 CAMAREE PL
City-St-Zip: PENSACOLA, FL 32534

Title: ST (X) Change () Addition
Name: KNIEJA, CHRISTOPHER
Address: 1151 CAMAREE PL
City-St-Zip: PENSACOLA, FL 32534

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: FLOYD PETERSEN

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date