

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004823

FILED
Jan 15, 2009
Secretary of State

Entity Name: SUNSAIL PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4652 WINDSTARR DRIVE
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6313
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3346866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMPINE, MICHAEL
4652 WINDSTARR DR.
DESTIN, FL 32541 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: VPD () Delete
Name: SHAMPINE, MICHAEL
Address: 4652 WINDSTARR DR
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: BARR, STEPHEN
Address: 4643 WINDSTARR DR
City-St-Zip: DESTIN, FL 32541

Title: VPD () Delete
Name: FRASIER, DAVID VPD
Address: 4680 WINDSTARR DRIVE
City-St-Zip: DESTIN, FL 32541

Title: TD () Delete
Name: D'ORAZIO, SILVIO
Address: 4635 WINDSTARR DR
City-St-Zip: DESTIN, FL 32541

Title: MB () Delete
Name: LEVINE, MICHAEL MB
Address: 4672 WINDSTARR DR
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: DAVEY, C.W.
Address: 4668 SUNSAIL CIRCLE
City-St-Zip: DESTIN, FL 32541

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

Title: TD (X) Change () Addition
Name: SIMPSON, WILLIAM
Address: 4669 WINDSTARR DR
City-St-Zip: DESTIN, FL 32541

Title: MB (X) Change () Addition
Name: SIMPSON, KAREN MB
Address: 4669 WINDSTARR DR
City-St-Zip: DESTIN, FL 32541

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: WILLIAM SIMPSON

TD

01/15/2009

Electronic Signature of Signing Officer or Director

Date