2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State
08-13-2004 90072 035 ****61.25

DOCUMENT # N97000006819

1. Entity Name
THE SUNSET PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
115 SW FIRST STREET STEINHATCHEE, FL 32359 US	11229 EAST RIVERVIEW DR. RIVERVIEW, FL 33569

08032004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3504658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OVERSTREET, LOVVET I
3257 US 98 W
PERRY, FL 32348

7. Name and Address of New Registered Agent

Name: Thomas Miller
Street Address (P.O. Box Number is Not Acceptable): 101 SE 2nd Place, Suite 112
City: Gainesville FL Zip Code: 32601

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: Thomas Miller 8/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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	DP OVERSTREET, IVEY 3257 US 98 WEST PERRY, FL 32348	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SOLANO, ROBERT 11229 E. RIVERVIEW DR. RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MILLER, THOMAS 101 SE 2ND PLACE, SUITE 112 GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Miller, Thomas 101 SE 2nd Place, Suite 112 Gainesville, FL 32601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NYBERS, ADRIANA PO BOX 993 STEINHATCHEE, FL 32359	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treas. Stevens, Joseph 304 Baytree Road Valdosta, GA 31602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secr. Newbern, Jeff 407 Terrace Place Valdosta, GA. 31602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Thomas Miller 8/10/04 (352)373-5823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #