

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006819	
1. Entity Name THE SUNSET PLACE CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 115 SW FIRST STREET STEINHATCHEE, FL 32359 US	Mailing Address 11229 EAST RIVERVIEW DR. RIVERVIEW, FL 33569
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01172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 MILLER, THOMAS 9310 NW 9TH AVE GAINESVILLE, FL 32606
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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 _____ (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELDRIDGE, JAMES 209 LAUREL ST. MYSTIC, GA 31769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, THOMAS 9310 NW 9TH AVE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVENS, JOSEPH 304 BAYTREE RD VALDOSTA, GA 31602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLANO, BRYAN 11229 E RIVERVIEW DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/06-80056-005 61.25

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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.

SIGNATURE: Tom Miller **1/28/06** **352-373-5823**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #