2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 04, 2008 8:00 am Secretary of State

DOCUMENT # N9700006819 1. Entity Name THE SUNSET PLACE CONDOMINIUM ASSOCIATION, INC.				0		033 001 ****6	1.25	
Principal Place of Business Mailing Address 115 SW FIRST STREET P.O. BOX 420 STEINHATCHEE, FL 32359 US STEINHATCHEE, FL 32359								
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP C	R2E037 (12/06)		
City & State		City & State		4. FEI Number 59-350465	8		plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Add	ress of New Regis	stered Agent		
MILLER, THOMAS			Name	Name				
9310 NW 9 GAINESVI	9TH AVE LLE, FL 32606		Street Addres		s (P.O. Box Number is Not Acceptable)			
	,							
			City	•	,	FL Zip Code	0	
	named entity submits this statement foions of registered agent.	r the purpose of changing its re	egistered office or reg	gistered agent, or both, in	the State of Florida	. I am (amiliar with,	and accept	
i io congar	ions of registeres agent.							
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SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent	and talle if applicable. (NOTE: F	Registered Agent signature re	equired when reinstating)		DATE		
•		9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		check payable to Department of St		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIS	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Florida	check payable to Department of St	tate	
DO 10.	Filling Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIE	9. Election Camp Trust Fund Co	naign Financing ntribution.	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	tate	
D)	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008 OFFICERS AND DIS	9. Election Camp Trust Fund Co	naign Financing ntribution.	\$5.00 May Be Added to Fees	Florida	check payable to Department of St	tate	
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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: \(\lambda

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR