


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90083 036 \*\*\*\*61.25

<b>DOCUMENT # N98000003257</b> 1. Entity Name <b>SUNSET HARBOR CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7525 A1A SOUTH ST. AUGUSTINE, FL 32086</b>			Mailing Address <b>5495 A1A SOUTH SAINT AUGUSTINE, FL 32080</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>TUTEN, DENA 5495 A1A SOUTH SAINT AUGUSTINE, FL 32080</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MANN, SEAN D</b> <input checked="" type="checkbox"/> Delete <b>10407 CENTURION PARKWAY N. SUITE 110 JACKSONVILLE, FL 32256</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T <b>Paul Pluchino</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ELLIS, ROBERT</b> <input type="checkbox"/> Delete <b>6319 SHORT WHEEL WAY COLUMBIA, MD 21045</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Karen Glasgow</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6400 Bordeaux Park Colleyville, TX 76034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>CABOON, JENNIFER</b> <input checked="" type="checkbox"/> Delete <b>2252 RIVER RD JACKSONVILLE, FL 32207</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEREZ- ANDREY, FRANK</b> <input checked="" type="checkbox"/> Delete <b>132 SUNSET HARBORWAY #101 SAINT AUGUSTINE, FL 32080</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HOWES, SALLY</b> <input checked="" type="checkbox"/> Delete <b>6242 SALADO RD SAINT AUGUSTINE, FL 32080</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <i>[Signature]</i> <span style="float: right;"><b>1/10/08</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40002410



01052008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2860733** Applied For  
Not Applicable

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