

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 10, 2011**  
**Secretary of State**

DOCUMENT# N98000003257

**Entity Name:** SUNSET HARBOR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7525 A1A SOUTH  
ST. AUGUSTINE, FL 32086**New Principal Place of Business:**7525 A1A SOUTH  
ST. AUGUSTINE, FL 32080**Current Mailing Address:**5495 A1A SOUTH  
SAINT AUGUSTINE, FL 32080**New Mailing Address:**115 SUNSET HARBOR WAY  
#100  
ST. AUGUSTINE, FL 32080**FEI Number:** 59-2860733**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TUTEN, DENA  
5495 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US**Name and Address of New Registered Agent:**ALLIGOOD, GARY L  
115 SUNSET HARBOR WAY #202  
SAINT AUGUSTINE, FL 32080 US

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: GARY L. ALLIGOOD

05/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: PLUCHINO, PAUL  
Address: 115 SUNSET HARBOR WAY #203  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: P  
Name: ALLIGOOD, GARY  
Address: 115 SUNSET HARBOR WAY #202  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S  
Name: WARD, LESLI  
Address: 4290 BLEINHEIN PLACE  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: GARY L. ALLIGOOD

PRES

05/10/2011

Electronic Signature of Signing Officer or Director

Date