


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90026 037 ***150.00

DOCUMENT # P01000103428

1. Entity Name
SUNSET BAY CLUB, INC.



Principal Place of Business
**8517 SOUTH PARK CIRCLE
 SUITE 210
 ORLANDO, FL 32819**

Mailing Address
**8517 SOUTH PARK CIRCLE
 SUITE 210
 ORLANDO, FL 32819**

44049169

2. Principal Place of Business
4700 Millenia Blvd.

3. Mailing Address
4700 Millenia Blvd.

Suite, Apt. #, etc.
Ste. 340

Suite, Apt. #, etc.
Ste. 340

07082004 Chg-P CR2E034 (10/03)

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32839

Country
Orange

Zip
32839

Country
Orange

4. FEI Number
82-0538577

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BROOKS, JOANNA F
 8517 SOUTH PARK CIRCLE
 SUITE 210
 ORLANDO, FL 32819**

7. Name and Address of New Registered Agent
 Name
Patrick B. Kirkland

Street Address (P.O. Box Number is Not Acceptable)
4700 Millenia Blvd.

Ste. 340

City
Orlando

FL Zip Code
32839

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: Patrick B. Kirkland, President DATE: 7/9/04

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, PATRICK B	
STREET ADDRESS	4360 CHAMBLEE DUNWOODY ROAD #407	
CITY-ST-ZIP	ATLANTA, GA 30341	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, JOANNA F	
STREET ADDRESS	8517 SOUTH PARK CIRCLE ST 210	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WADE, LAURA M	
STREET ADDRESS	4360 CHAMBLEE DUNWOODY RD STE 407	
CITY-ST-ZIP	ATLANTA, GA 30341	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirkland, Patrick B.	
STREET ADDRESS	4700 Millenia Blvd, Ste. 340	
CITY-ST-ZIP	Orlando, FL 32839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: Patrick B. Kirkland DATE: 7/9/04 DAYTIME PHONE #: 407.354.0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patrick B. Kirkland, President