## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000109187

Title:

Name:

Address:

City-St-Zip:

Entity Name: SUNSET PLACE RESORT MANAGEMENT INC

FILED Apr 22, 2009 Secretary of State

Littly Nan	ie. SUNSET	PLACE RESORT WANAGEWE	NT INC.				
Current Principal Place of Business:			New	New Principal Place of Business:			
115 SW 1ST ST STEINHATCHEE, FL 32359				SW 1ST ST INHATCHEE, FL	32359	US	
Current Mailing Address:				New Mailing Address:			
PO BOX 420 STEINHATCHEE, FL 32359				PO BOX 420 STEINHATCHEE, FL 32359 US			
FEI Number:	20-1522380	FEI Number Applied For ( )	FEI Number N	ot Applicable ( )	Certific	cate of Status Desi	red()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	TH AVE LE, FL 32606 named entity s	US submits this statement for the pu	rpose of cha	nging its registered	d office or	registered agen	t, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Carr	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (X) MILLER, TOM 9310 NW 9TH A GAINESVILLE,		Title: Name Addre City-	e:	()Change	e ( ) Addition	
Title: Name: Address: City-St-Zip:	V () CONWAY, STE 3373 N. OCEAN FLAGLER BEAC	SHORE BLVD.	Title: Name Addre City-	: CONWAY, S	TEVE EAN SHORI		
Title: Name: Address: City-St-Zip:	T () STEVENS, JOS 1607 N. PATTE VALDOSTA, GA	RSON ST	Title: Name Addre City-	: STEVENS, J	OSEPH G TERSON S		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEPH G. STEVENS T 04/22/2009

() Delete

SOLANO, BRYAN

11229 E. RIVERVIEW DR

RIVERVIEW, FL 33569

(X) Change ( ) Addition

SOLANO, BRYAN

11229 E. RIVERVIEW DR

RIVERVIEW, FL 33569 US