## 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: MARIE CHRISTENSON

City-State-Zip: SARASOTA FL 34276

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N36027

Entity Name: OWNERS' ASSOCIATION AT SUNSET HARBOR, INC.

## **Current Principal Place of Business:**

5602 MARQUESAS CIR #103 SARASOTA, FL 34233

## **Current Mailing Address:**

PO BOX 18809 SARASOTA, FL 34276 US

# FEI Number: 65-0169366

# Name and Address of Current Registered Agent:

SUNSTATE ASSOCIATION MANAGEMENT GROUP, INC. 5602 MARQUESAS CIR #103 SARASOTA, FL 34233 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	E: MICHELLE THIBEAULT			02/14/2018
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	SECRETARY	
Name	CHRISTENSON, JIM	Name	CHRISTENSON, MARIE	
Address	PO BOX 18809	Address	PO BOX 18809	
City-State-Zip:	SARASOTA FL 34276	City-State-Zip:	SARASOTA FL 34276	
Title	TREASURER			
Name	TISDALE, DAVID			
Address	PO BOX 18809			

Certificate of Status Desired: No

SECRETARY

02/14/2018 Date

## FILED Feb 14, 2018 Secretary of State CC4708632849