



State of New Hampshire 2005 NON PROFIT REPORT

Filed
Date Filed: 09/19/2005
Business ID: 175408
William M. Gardner
Secretary of State

REPORT DUE BY December 31, 2005

SUNSET SHORES PROPERTY OWNERS' ASSOCIATION
% COOPER DEANS & CARGILL , PINE ST , PO BOX 450
N CONWAY , NH 03860

ADDRESS OF PRINCIPAL OFFICE:
% COOPER DEANS & CARGILL , PINE ST , PO BOX 450
N CONWAY , NH 03860

REGISTERED AGENT AND OFFICE: (foreign only)

ENTITY TYPE: NONPROFIT

BUSINESS ID: 175408

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 000000000

TO PROMOTE HEALTH, SAFETY & WELFARE TO OWNERS OF LOTS
IN SUNSET SHORES DEVEL.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address 2935 WHITE MOUNTAIN HIGHWAY, NORTH CONWAY, NH 03860

The new principal office address 2935 WHITE MOUNTAIN HIGHWAY, NORTH CONWAY, NH 03860

PO Box is acceptable.

OFFICERS

NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. EDWARD O'HALLORAN
STREET P.O. BOX 843
CITY/STATE/ZIP NORTH CONWAY NH 03860

V-PRES. RICHARD PEACE
STREET 479 BAY ROAD
CITY/STATE/ZIP SOUTH HAMILTON MA 01982

TREAS. ANN EGAN GLYNN
STREET P.O. BOX 177
CITY/STATE/ZIP CENTER CONWAY NH 03813

SEC'Y. MONA PINETTE
STREET 2 JUNIPER RIDGE ROAD
CITY/STATE/ZIP EXETER NH 03833

BOARD OF DIRECTORS

NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. EDWARD O'HALLORAN
STREET P.O. BOX 843
CITY/STATE/ZIP NORTH CONWAY NH 03860

DIR. RICHARD PEACE
STREET 479 BAY ROAD
CITY/STATE/ZIP SOUTH HAMILTON MA 01982

DIR. ANN EGAN GLYNN
STREET P.O. BOX 177
CITY/STATE/ZIP CENTER CONWAY NH 03813

DIR. MONA PINETTE
STREET 2 JUNIPER RIDGE ROAD
CITY/STATE/ZIP EXETER NH 03833

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by president or other officer.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: EDWARD O'HALLORAN

Please print name and title of signer: EDWARD O'HALLORAN / PRESIDENT

NAME TITLE

FEE DUE: \$25.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529