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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 748712 (7)

1. Corporation Name

SUNSET GARDENS CONDOMINIUM, INC.

95 JAN 20 PM 1:21

Principal Place of Business	Mailing Address
568 BELLTOWER AVE DELTONA FL 32725	541 BELLTOWER AVE. DELTONA FL 32725 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1979	3a. Date of Last Report 02/17/1994
4. FEI Number 59-2144700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

DYE, GEORGE
541 BELLTOWER AVE.
DELTONA FL 32725

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROONEY, JOHN
STREET ADDRESS	543 BELLTOWER AVE
CITY-ST-ZIP	DELTONA, FL 00000
TITLE	D
NAME	ROONEY, JOHN
STREET ADDRESS	543 BELLTOWER AVENUE
CITY-ST-ZIP	DELTONA, FL 00000
TITLE	D
NAME	EGBERT, JOHN
STREET ADDRESS	553 BELLTOWER AVE.
CITY-ST-ZIP	DELTONA FL
TITLE	D
NAME	HUYSMAN, WILLIAM G
STREET ADDRESS	564 BELLTOWER AVE
CITY-ST-ZIP	DELTONA FL
TITLE	D
NAME	MCBEE, HERBERT
STREET ADDRESS	547 BELLTOWER AVENUE
CITY-ST-ZIP	DELTONA, FL 00000
TITLE	TD
NAME	DYE, GEORGE
STREET ADDRESS	541 BELLTOWER AVE
CITY-ST-ZIP	DELTONA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	LOREINE THOMPSON	546 BELLTOWER AVE.	DELTONA FL. 32725	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	ELSIE BRITZ	544 BELLTOWER AVE	DELTONA FL. 32725	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	MESLIE POTTER	586 BELLTOWER AVE	DELTONA, FL. 32725	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Dye 1-12-95 407-574-7588
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR