

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748712 (7)
1. Corporation Name
SUNSET GARDENS CONDOMINIUM, INC.



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

3. Date Incorporated or Qualified **08/30/1979** 3a. Date of Last Report **01/20/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2144700	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Country	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	Country	Country	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DYE, GEORGE		81 Name	
541 BELLTOWER AVE.		82 Street Address (P.O. Box Number is Not Acceptable)	
DELTONA FL 32725		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE George Dye Signature, typed or printed name of registered agent (and title if applicable) George Dye (NOTE: Registered Agent Signature required when Renating) DATE 1-16-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LORRAINE	1.2 NAME	
STREET ADDRESS	546 BELLTOWER AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITZ, ELSIE	2.2 NAME	
STREET ADDRESS	544 BELLTOWER AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGBERT, JOHN	3.2 NAME	
STREET ADDRESS	553 BELLTOWER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUYSMAN, WILLIAM G	4.2 NAME	
STREET ADDRESS	564 BELLTOWER AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, LESLIE	5.2 NAME	
STREET ADDRESS	586 BELLTOWER AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, GEORGE	6.2 NAME	
STREET ADDRESS	541 BELLTOWER AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA, FL 00000	6.4 CITY-ST-ZIP	

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)(k), 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 1-16-96 DAYTIME PHONE # 407-574-7585

CR2E037 (12/95)