

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

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>59-2144700</b>	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		
<b>DYE, GEORGE 541 BELLTOWER AVE. DELTONA FL 32725</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, LORRAINE</b>	1.2 NAME	
STREET ADDRESS	<b>546 BELLTOWER AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRITZ, ELSIE</b>	2.2 NAME	
STREET ADDRESS	<b>544 BELLTOWER AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGBERT, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>553 BELLTOWER AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUYSMAN, WILLIAM G</b>	4.2 NAME	
STREET ADDRESS	<b>564 BELLTOWER AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTER, LESLIE</b>	5.2 NAME	
STREET ADDRESS	<b>586 BELLTOWER AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DYE, GEORGE</b>	6.2 NAME	
STREET ADDRESS	<b>541 BELLTOWER AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA, FL 00000</b>	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      1-16-96      407-574-7585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)