SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/07: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT

CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

(7)

SUNSET GARDENS CONDOMINIUM, INC.

Mailing Address

FILED Jul 23 1997 8:00am Secretary of State



DELTONA FL 32725		DELTONA FL 32725		DO NOT WIDITE	IN THE OBACE
		US		DO NOT WRITE 3. Date Incorporated or Qualified	3a. Date of Last Report
				08/30/1979	01/25/1996
	ace of Business	2a. Mailing Address	LKTOWERS	4. FEI Number 59-2144700	Applied For
21 544	BELLTOURE		AN I DUNER A	39 2 144100	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 DEX		28 DELTONA	7	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	— — — — — —
24 3.2 7	25 25 VOLVS/A		30 VOVVS/1		
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name					
DVE GEORGE					
DYE, GEORGE 82 Street Addge				dress (P.O. Box Number is Not Acceptable & ELL 70 UEK	BUE.
	TOWER AVE.				
DELIONA	N FL 32725		83 D €	LTONA FX	•
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617.050	02 and 617,1508, Florida Statute	es, the above-named co	prporation submits this statement for the p	urpose of changing its registered
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	Signature, typed or printed game of registered ag	ent and title if applicable. (NOTE	: Registered Agent signature rec	quired when reinstating)	DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ 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	DELETE	2.1 TITLE	D Tage	Change Addition
NAME	BRITZ, ELSIE		2.2 NAME	HICKOLSON JOSE 642 BELL TOWER	
STREET ADDRESS	544 BELLTOWER AVE.		2.3 STREET ADDRESS	542 BELLINDER	776
CITY-ST-ZIP	DELTONA FL	DELETE		DELTONA FL.	Change Addition
TITLE	D Egbert, John	L. DECEIE	3.1 TITLE		Change Addition
NAME	553 BELLTOWER AVE.		3.2 NAME		
STREET ADDRESS	DELTONA FL		3.3 STREET ADDRESS		
CITY-\$T-ZIP	D	☐ DELETE	3.4. CITY-ST-ZIP		Change 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	≥ DELETE	5.1 TITLE	2	Change Addition
NAME	POTTER, LESLIE	•	5.2 NAME	TONGE WARD RO	347
STREET ADDRESS	586 BELLTOWER AVE.		5.3 STREET ADDRESS	STY BELLTOWA	THE
CITY-ST-ZIP	DELTONA FL		5.4 CITY-ST-ZIP	DELTONA FL	. •
TITLE	עד	DELETE	6.1 TITLE	ro	☐ Change ★Addition
NAME	DYE, GEORGE		6.2 NAME	DYE GEORGE	
STREET ADDRESS	541 BELLTOWER AVE		6.3 STREET ADDRESS	DYE GEORGE SHY BELLTOWE	KHUK
CITY-\$1-ZIP	DELTONA, FL 00000		6.4 CITY - ST - ZIP	カダくてっとり ゲーム	•
14. I do heret	by ce rtify that the information supplied in the control of the certific that the certific in	ed with this filing does not qualif supplemental annual report is to	y for the exemption stat rue and accurate and th	ted in Section 119.07(3)(i), Florida Statute nat my signature shall have the same lega	 a. I further certify that the deflect as if made under path; that
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.					
appears (HDRUCK IZ OF DIOCK 13 H CHANG90, (DI OH AH AMACHINENI WILL AN ACC	11 0 0 0 0 .		