


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748712 (7)**  
 1. Corporation Name  
**SUNSET GARDENS CONDOMINIUM, INC.**



Principal Place of Business 544 BELLTOWER AVE DELTONA FL 32725 US	Mailing Address 544 BELLTOWER AVE DELTONA FL 32725 US
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3. Date Incorporated or Qualified <b>08/30/1979</b>	Applied For Not Applicable
4. FEI Number <b>59-2144700</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**DYE, GEORGE**  
**544 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 **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 (NOTE: Registered Agent signature required when reinstating) DATE 1-6-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P THOMPSON, LORRAINE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P EGBERT, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LORRAINE	1.2 NAME	EGBERT, JOHN
STREET ADDRESS	546 BELLTOWER AVE.	1.3 STREET ADDRESS	553 BELLTOWER AVE
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	DELTONA FL
TITLE	D NICHOLSON, JOSEPH <input type="checkbox"/> DELETE	2.1 TITLE	D THOMPSON, LORRAINE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, JOSEPH	2.2 NAME	THOMPSON, LORRAINE
STREET ADDRESS	542 BELLTOWER AVE	2.3 STREET ADDRESS	546 BELLTOWER AVE
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	DELTONA, FL
TITLE	D EGBERT, JOHN <input type="checkbox"/> DELETE	3.1 TITLE	
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 HUYSMAN, WILLIAM G <input type="checkbox"/> DELETE	4.1 TITLE	
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 JONGEWARD, ROBERT <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JONGEWARD, ROBERT	5.2 NAME	
STREET ADDRESS	574 BELLTOWER AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	
TITLE	TD DYE, GEORGE <input type="checkbox"/> DELETE	6.1 TITLE	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1-6-98 DAYTIME PHONE # 407-574-7500

CRE037 (10/97)