
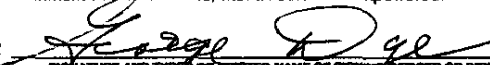


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90061 023 ****61.25

DOCUMENT # 748712						
1. Entity 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			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number 59-2144700				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
DYE, GEORGE 544 BELLTOWER AVE DELTONA, FL 32725			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERCHER, BETSY			NAME	ERCHER, BETSY	
STREET ADDRESS	556 BELLTOWER AVE			STREET ADDRESS	556 BELLTOWER AVE,	
CITY-ST-ZIP	GRAND ISLAND, FL 32735			CITY-ST-ZIP	Deltona FL 32725	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, LORRAINE			NAME		
STREET ADDRESS	546 BELLTOWER AVE			STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725			CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYE, GEORGE			NAME		
STREET ADDRESS	544 BELLTOWER AVE			STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARR, JAMES			NAME		
STREET ADDRESS	572 BELLTOWER AVE			STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EICHER, BETSY			NAME		
STREET ADDRESS	556 BELLTOWER AVE			STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONGER, JOSEPH			NAME		
STREET ADDRESS	571 BELLTOWER DR			STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND, FL 32735			CITY-ST-ZIP	Deltona, FL 32725	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 		Date: 3-15-04		Daytime Phone #: 386-574-7585		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						



03152004 Chg-NP CR2E037 (10/03)