

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State


01-21-2005 90089 035 ****61.25

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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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2144700

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYE, GEORGE
544 BELLTOWER AVE
DELTONA, FL 32725

7. Name and Address of New Registered Agent

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 *George Dye* DATE 1-12-2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EICHER, BETSY <input checked="" type="checkbox"/> Delete 556 BELTOWER AVE GRAND ISLAND, FL 32735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, LORRAINE <input checked="" type="checkbox"/> Delete 546 BELLTOWER AVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DYE, GEORGE <input type="checkbox"/> Delete 544 BELLTOWER AVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, JAMES <input type="checkbox"/> Delete 572 BELLTOWER AVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHER, BETSY <input checked="" type="checkbox"/> Delete 556 BELLTOWER AVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONGER, JOSEPH <input type="checkbox"/> Delete 571 BELTOWER DR DELTONA, FL 32725

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONBER JOSEPH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 571 BELLTOWER AVE DELTONA FL, 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN TED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 540 BELLTOWER AVE DELTONA FL, 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDM DYE GEORGE <input type="checkbox"/> Change <input type="checkbox"/> Addition 544 BELLTOWER AVE DELTONA FL, 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPREA RUTH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 557 BELLTOWER AVE DELTONA, FL, 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *George Dye* DATE 1-12-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
50005428
Division of Corporations

Annual Report

Document Number

748712

Business Entity Name

SUNSET GARDENS CONDOMINIUM, INC.

FEI Number

592144700

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of Business

Address

544 BELLTOWER AVE

Suite, Apt. #, etc.

City, State

DELTONA

FL

Zip Code & Country

32725

US

Mailing Address

Address

544 BELLTOWER AVE

Suite, Apt. #, etc.

City, State

DELTONA

FL

Zip Code & Country

32725

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

DYE

GEORGE

-or- RA Business Name

Address

544 BELLTOWER AVE

Suite, Apt. #, etc.

City, State

DELTONA

FL

Zip Code & Country

32725

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

George Dye

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

ATTACHMENT

50005428

forgery under s.831.06, Florida Statutes.

#748712

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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5000542 ✓

#748712

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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