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NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767825** (3)
1. Corporation Name
SUNSET VILLAGE, INC.



Principal Place of Business Mailing Address
34016 AZALEA PINELLAS PARK FL 34665 **34016 AZALEA PINELLAS PARK FL 34665**
US US

3. Date Incorporated or Qualified **04/06/1983** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business 2a. Mailing Address
21 34069 Avocado **26 34069 Avocado**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Pinellas Park, FL **27 Pinellas Park, FL**
City & State City & State

23 34665 Pinellas **28 34665 Pinellas**
Zip Country Zip Country

24 **25** **29** **30** 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

HYMAN, DOROTHY L.
34016 AZALEA
PINELLAS PARK FL 34665

81 Name **Foxenberg, John T.**
82 Street Address (P.O. Box Number is Not Acceptable)
34069 Avocado
83
84 City **Pinellas Park** **FL** **85 Zip Code** **34665**

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 **John T. Foxenberg**

Signature, typed or printed name of registered agent, and title if applicable.

John T. Foxenberg

(NOTE: Registered Agent signature required when reinstating)

3/28/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	SULLIVAN, MARILYN L. <input checked="" type="checkbox"/> DELETE	1.1 TITLE P	Trepanier, Marcel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34089 ALMANDA	1.2 NAME	34151 Juniper
STREET ADDRESS	PINELLAS PARK FL	1.3 STREET ADDRESS	Pinellas Park, FL 34665
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	ROBINSON, SYLVIA <input checked="" type="checkbox"/> DELETE	2.1 TITLE V	Sullivan, Marilyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34185 CANAL	2.2 NAME	34089 Alamanda
STREET ADDRESS	PINELLAS PARK FL	2.3 STREET ADDRESS	Pinellas Park, FL 34665
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE S	BOWEN, SARA <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	34200 CANAL	3.2 NAME	
STREET ADDRESS	PINELLAS PARK FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	HYMAN, DOROTHY <input checked="" type="checkbox"/> DELETE	4.1 TITLE T	Foxenberg, John T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34016 AZALEA	4.2 NAME	34069 Avacado
STREET ADDRESS	PINELLAS PARK FL	4.3 STREET ADDRESS	Pinellas Park, FL 34665
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	PETERSON, TOM <input checked="" type="checkbox"/> DELETE	5.1 TITLE D	King, Susan P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	34471 CACTUS	5.2 NAME	34546 Violet
STREET ADDRESS	PINELLAS PARK FL	5.3 STREET ADDRESS	Pinellas Park, FL 34665
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	PERRIN, FRANK <input checked="" type="checkbox"/> DELETE	6.1 TITLE D	Eyerly, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	34473 CACTUS	6.2 NAME	34268 Lake
STREET ADDRESS	PINELLAS PARK FL	6.3 STREET ADDRESS	Pinellas Park, FL 34665
CITY-ST-ZIP		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, changed or on an attachment with an address.

SIGNATURE: **John T. Foxenberg, Treasurer/Registered Agent**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Foxenberg

Date

(813) 577-0122
Daytime Phone #

CR2E037 (12/95)