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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767825** (3)

1. Corporation Name
SUNSET VILLAGE, INC.



Principal Place of Business 34069 AVOCADO PINELLAS PARK FL 34069 US 33781	Mailing Address 34069 AVOCADO PINELLAS PARK FL 33781-2602 US
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3. Date Incorporated or Qualified 04/06/1983	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-2267647	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FOXENBERG, JOHN T. 34069 AVOCADO PINELLAS PARK FL 34069 33781-2602		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 33781-2602	
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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 *John T Foxenberg* 4/8/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREPANIER, MARCEL 34151 JUNIPER PINELLAS PARK FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P. MARY ELLEN DEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34621 PALMETTO DR PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, MARILYN 34089 ALAMANDA PINELLAS PARK FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V LUCILLE STODDARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34636 CAMPHOR DR PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWEN, SARA 34200 CANAL PINELLAS PARK FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S NORMA KEARLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34063 AVOCADO DR PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOXENBERG, JOHN T. 34069 AVACADO PINELLAS PARK FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D BOB EYERLY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34268 LAKE DR PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, SUSAN P. 34546 VIOLET PINELLAS PARK FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D KEN DAY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34173 CANAL DR PINELLAS PARK FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EYERLY, ROBERT 34268 LAKE PINELLAS PARK FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D G. DOUG SPARKS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34409 CLEANDER DR PINELLAS PARK FL 33781

14. I do 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, as changed, or on an attached or filed address.

SIGNATURE: JOHN T. FOXENBERG *JOHN T FOXENBERG* TREASURER/REG/AGENT 4/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052176

CR2E037 (9/96)