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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33781 US	Mailing Address 34069 AVOCADO PINELLAS PARK FL 34665 US
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3. Date incorporated or Qualified 04/06/1983	
4. FEI Number 59-2267647	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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 34041 AZALEA Suite, Apt. #, etc.	2a. Mailing Address 26 34041 AZALEA Suite, Apt. #, etc.
22 City & State 23 PINELLAS PARK FL	27 City & State 28 PINELLAS PARK FL
24 Zip 33781	25 Country USA
29 Zip 33781	30 Country USA

9. Name and Address of Current Registered Agent

**FOXENBERG, JOHN T.
34069 AVOCADO
PINELLAS PARK FL 33781**

10. Name and Address of New Registered Agent

81 Name CARL EVANS	
82 Street Address (P.O. Box Number is Not Acceptable) 34041 AZALEA DR.	
83	
84 City PINELLAS PARK FL	85 Zip Code 33781

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 CARL EVANS, TREASURER *Carl Evans* DATE **3/19/98**

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

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	DEAN, MARY E	
STREET ADDRESS	34821 PALMETTO DRIVE	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STODDARD, LUCILLE	
STREET ADDRESS	3438 CAMPHOR DRIVE	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN, SARA	
STREET ADDRESS	34200 CANAL	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FOXENBERG, JOHN T.	
STREET ADDRESS	34069 AVOCADO	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAY, KEN	
STREET ADDRESS	34173 CANAL DRIVE	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EYERLY, ROBERT	
STREET ADDRESS	34268 LAKE	
CITY-ST-ZIP	PINELLAS PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MILDRED COOK	
3.3 STREET ADDRESS	34183 CANAL DR.	
3.4 CITY-ST-ZIP	PINELLAS PARK, FL. 33781	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CARL EVANS	
4.3 STREET ADDRESS	34041 AZALEA DR.	
4.4 CITY-ST-ZIP	PINELLAS PARK, FL. 33781	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SONJA MORNIGHT	
5.3 STREET ADDRESS	34299 LILY DR.	
5.4 CITY-ST-ZIP	PINELLAS PARK FL. 33781	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: CARL EVANS *Carl Evans* DATE **3/19/98** **813-576-4191**

CP2E037 (10/97)