## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

SUNSET VILLAGE, INC.

Principal Place of Business

34041 AZALEA

PINELLAS PARK FL 33781 US

Mailing Address 34041 AZALEA

PINELLAS PARK FL 34665

## **FILED** Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90014 016 \*\*\*\*61.25



	701 LAKE DR	ļ		04/06/1983	5u				
Suite, Apt.				- 4	. FEI Number		App	lied For	
22	m, 610.	27		1	59-2267647		<u> </u>	Applicable	
City & State					5. Certificate of Status Desired		\$8.75 A	iditional	
23	28			5. Certifcate of Status Desired			Fee Req		
Zip	Country Zip			6	. Election Campaign Financir	<sup>ng</sup> □	\$5.00 N	•	
24 25 29 3				Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent					
9. Name and Address of Current Registered Agent				Q4 Slame					
	·		·  °'  '	Vame ANN	ZTH M NO	4507			
EVANS, CARL				Street Address (	P.O. Box Number is Not Acce				
34041 AZALEA DR				83 3470/ LAKE DR					
PINELLAS PARK FL 33781									
				City	Duk	FL	85 Zip Co		
L-1			ــــــــــــــــــــــــــــــــــــــ	PANELL	AS PARC			7 <i>87</i>	
11. Pursuant t	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statutes, Florida, Such change was auth	the above-n orized by the	amed corporation and corporation	on submits this statement for to board of directors. I hereby ac	ne purpose of c cept the appoin	manging its regi	egistered stered	
agent. I ar	m familiar with and accept the obligation	ns of, Section 617.0503, Florida	a Statutes.						
SIGNATURE		Jason		gnature required when		<u> </u>	79		
Signature, typed or printed ratins of registered agent and title if applicable. (NOTE: Re  12. OFFICERS AND DIRECTORS				dustria tedriting Aver	ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	D OF TOURS AND	DINE OF SECRET	13.	ת		<u> </u>	Change	Addition	
	DEAN, MARY E	YALO	1.2 NAME	Comp	GE BUTTLEMAN				
NAME	34621 PALMETTO DRIVE		1.3 STREET AL						
STREET ADDRESS	PINELLAS PARK FL			UNESS 346	DE MADIE DE	77781			
CITY-ST-ZIP	V PINELLAS PARA FL	DELETE	1.4 CITY-ST-Z	-	THAS PARK EL	73761	Change	Addition	
TITLE	STODDADD THOUSE	M DELETE		P	74.D			_	
NAME	STODDARD, LUCILLE		2.2 NAME	KAY	BAND	~			
OTDECT ADDOSES	3436 CAMPHOR DRIVE	. ~ ~ ~ ~ ~	2.3 STREET AL	39 59	GARDONA	C 37	20/		
CITY-ST-ZIP	PINELLAS PARK FL	DELETE	2. 4 CITY-ST-2	IP P	FIRE GOAND	PC J	Change	Addition	
TITLE	S SOOK AND SOED		3.1 TITLE	20.74	LAS GORNO			E7	
NAME	COOK, MILDRED		3.2 NAME		4.86				
STREET ADDRESS	34183 CANAL DR		3.3 STREET AL						
CITY-ST-ZIP	PINELLAS PARK FL 33781	DELETE	3.4. CITY-ST-2				Change	Addition	
TITLE	 	LAT DELETE	4.1 TITLE	2	FITE GERALD		onlingo		
NAME	EVANS, CARL		4. 2 NAME		as Dass PR				
STREET ADDRESS	34041 AZALEA DR		4.3 STREET AL	ORESS 3449	C ROSS	2 > 701			
CITY-ST-ZIP	PINELLAS PARK FL 33781	<u> </u>	4.4 CITY-ST-Z	P Pa	WOLLAS PARKY	33161	Change	Addition	
TITLE	D	DELETE	5.1 TITLE	117			□ cuange	COUNTY	
NAME	MCKNIGHT, SONJA	·	5.2 NAME	Gane	NELSON				
STREET ADDRESS	34299 LILY DR		5.3 STREET AL	DRESS 3454	19 UIBLET DR	· >	٠.		
CITY-ST-ZIP	PINELLAS PARK FL 33781		5.4 CITY-ST-Z	P Pz	MY UIDLET DR MELLAS PARK, MKEARLEY	- 5378	<u> </u>	000.1400-	
TITLE	D	<b>□</b> OELETE	6.1 TITLE	1/10	a Kenelou		Change	Addition	
NAME	EYERLY, ROBERT		6.2 NAME	702.00	63 AVOCATO PR				
STREET ADDRESS	34268 LAKE		6.3 STREET AL						
CITY-ST-ZIP	PINELLAS PARK FL		6.4 CITY-ST-Z	P PINC	CLAS PARK 3	3781			

14. 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, with all other like empowered.