


FILE NOW: FILING FEE IS \$61.25

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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90019 041 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N20067
 1. Corporation Name
SUN VALLEY HOMEOWNERS ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business P.O. BOX 3936 BOYNTON BEACH FL 33437 US | Mailing Address P.O. BOX 3936 BOYNTON BEACH FL 33437 US |
|--|--|



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 04/10/1987 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2913606 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 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 |

| | | | |
|--|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| WIENER, JEROME 9764 LEMONWOOD WAY BOYNTON BEACH FL 33437 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POPOLIZIO, ANITA | 1.2 NAME | |
| STREET ADDRESS | 9264 SUN POINTE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOLDBERG, K S | 2.2 NAME | S JEROME WIENER |
| STREET ADDRESS | 9486 SUN POINTE DRIVE | 2.3 STREET ADDRESS | 9764 LEMONWOOD WAY |
| CITY-ST-ZIP | BOYNTON BEACH FL | 2.4 CITY-ST-ZIP | BOYNTON BEACH, FL 33437 |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALPERN, LOWELL | 3.2 NAME | |
| STREET ADDRESS | 9260 LAUREL GREEN DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MORRIS, JOHN G | 4.2 NAME | JEROME WIENER |
| STREET ADDRESS | 9487 SUNPOINTE DR | 4.3 STREET ADDRESS | 9764 LEMONWOOD WAY |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | 4.4 CITY-ST-ZIP | BOYNTON BEACH, FL 33437 |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUCKER, CYRIL P | 5.2 NAME | T |
| STREET ADDRESS | 5581 SPRING LAKES TERRACE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMATO, BARBARA C | 6.2 NAME | |
| STREET ADDRESS | 6064 SUN BERRY CIRCLE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ DATE: 4/17/99 DAYTIME PHONE #: 561-362-0433

CR2E037 (11/98)