
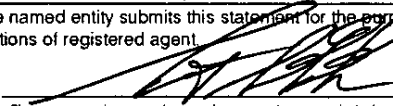
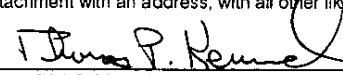


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State


05-02-2005 90470 019 ****61.25

DOCUMENT # N20067 1. Entity Name SUN VALLEY HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business PO BOX 740362 BOYNTON BEACH FL 33474-0362 US		Mailing Address PO BOX 740362 BOYNTON BEACH FL 33474-0362 US	
2. Principal Place of Business 2994 JOG ROAD Suite, Apt. #, etc. SUITE B		3. Mailing Address 2994 JOG ROAD Suite, Apt. #, etc. SUITE B	
City & State GREENACRES, FL. Zip 33467		City & State GREENACRES, FL. Zip 33467	
Country USA		Country USA	
4. FEI Number 59-2913606		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUTURE, M. Y 680 INDUSTRIAL AVE, #4 BOYNTON BEACH FL 33426		7. Name and Address of New Registered Agent Name SCOT A. GERRISH Street Address (P.O. Box Number is acceptable) CMC MANAGEMENT, INC 2994 JOG ROAD, SUITE B City GREENACRES FL Zip Code 33467	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Scot A. Gerrish DATE April 20, 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, CYNTHIA <input checked="" type="checkbox"/> Delete	NAME	LEVINE, GERALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9743 SUN POINTE DRIVE	STREET ADDRESS	5834 SUN POINTE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	P <input type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, GERALD	NAME	KENNARD, THOMAS
STREET ADDRESS	5834 SUN POINTE CIRCLE	STREET ADDRESS	5755 SUN POINTE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LE TOURNEAU, PAUL	NAME	SULLIVAN, EUGENE
STREET ADDRESS	5591 SPRING LAKE TERRACE	STREET ADDRESS	9812 EL CLAIR RANCH RD.
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFUFF, EILENE	NAME	SULLIVAN, EUGENE
STREET ADDRESS	9292 SUN POINTE DRIVE	STREET ADDRESS	9812 EL CLAIR RANCH RD.
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, CYRIL P	NAME	POLOZIO, DOMINIC
STREET ADDRESS	5581 SPRING LAKES TERRACE	STREET ADDRESS	9364 SUN POINTE DR
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, EUGENE	NAME	MATLOW, TIMOTHY
STREET ADDRESS	9812 EL CLAIR RANCH RD.	STREET ADDRESS	9788 EL CLAIR RANCH RD
CITY-ST-ZIP	BOYNTON BEACH FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL. 33437
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Thomas P. Kennard		Sec/TRES. 4-25-05 561-641-106	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

PAGE 2
40072902

DOCUMENT # N20067			
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Principal Place of Business		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2913606		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE -Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECKER, CYNTHIA 9743 SUN POINTE DRIVE BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.P. KADL, BRIAN 5762 SUN POINTE CIRCLE BOYNTON BEACH, FL. 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, GERALD 5834 SUN POINTE CIRCLE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASLEY, JOSEPH 9669 EL CLAIR RANCH RD BOYNTON BEACH, FL. 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LE TOURNEAU, PAUL 5591 SPRING LAKE TERRACE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURAT, FRANK 5780 SUN POINTE CIR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFAFF, EILENE 9292 SUN POINTE DRIVE BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCKER, CYRIL P 5581 SPRING LAKES TERRACE BOYNTON BEACH FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, EUGENE 9812 EL CLAIR RANCH RD. BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u>Thomas P. Kennard</u> sec/TRES 4.25.05 561-644-1076			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			