

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. ~~Both~~
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24909 (6)
1. Corporation Name
SUNSET BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **6010 DOWN PT. LANE, P.O. BOX 1371, 34786RMERE FL 34786 US**
Mailing Address: **6010 DOWNPOINT LANE, P.O. BOX 1371, WINDERMERE FL 34786 US**

3. Date Incorporated or Qualified: **02/19/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **NOT APPLICABLE**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **6010 Down Point Ln**
22 Suite, Apt. #, etc.
23 **Windermere FL**
24 **34786** 25 **OR**
2a. Mailing Address
26 **6010 Down Point Ln**
27 Suite, Apt. #, etc.
28 **Windermere FL**
29 **34786** 30 **OR**

9. Name and Address of Current Registered Agent
**NANA, J.D.
GALAXY 6000, SUITE 204
6000 RIO GRANDE AVE.
ORLANDO FL 32809**

10. Name and Address of New Registered Agent
81 Name: **Henry Robitaille**
82 Street Address (P.O. Box Number is Not Acceptable): **6010 Down Point Ln**
83 **Windermere**
84 City: **FL** 85 Zip Code: **34786**

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: *Henry Robitaille* **Henry Robitaille** DATE: **6-3-96**

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|---------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | NANA, J.D. | |
| STREET ADDRESS | 6000 RIO GRANDE AVE.S204 | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | NANA, A.J. | |
| STREET ADDRESS | 6000 RIO GRANDE AVE.S204 | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | TS | <input checked="" type="checkbox"/> DELETE |
| NAME | ROBITAILLE, H. | |
| STREET ADDRESS | 6010 DOWN PT. LANE | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|------------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Buettgen, Erin K. | |
| 1.3 STREET ADDRESS | 5076 Sunset Circle | |
| 1.4 CITY-ST-ZIP | Windermere, FL 34786 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Yu, Yang | |
| 2.3 STREET ADDRESS | 5035 Down Point Ln. | |
| 2.4 CITY-ST-ZIP | Windermere, FL 34786 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Robitaille, Henry | |
| 3.3 STREET ADDRESS | 6010 Down Point Ln. | |
| 3.4 CITY-ST-ZIP | Windermere FL 34786 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 500001884729 | |
| 6.3 STREET ADDRESS | -07/05/96--01030--024 | |
| 6.4 CITY-ST-ZIP | ***61.25 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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: *Henry Robitaille* **Henry Robitaille** DATE: **5-15-96** **(407) 660-7369**

CR2E037 (12/95)