

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N24909 (6)**

1. Corporation Name  
**SUNSET BAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>6010 DOWN PT. LANE WINDERMERE FL 34786 US</b>	Mailing Address <b>6010 DOWN PT. LANE WINDERMERE FL 34786-6401 US</b>
---	--

2. Principal Place of Business 21	2a. Mailing Address 26
3. Suite, Apt. #, etc. 22	3a. Suite, Apt. #, etc. 27
4. City & State 23	4. City & State 28
5. Zip 24	5. Country 25
6. Zip 29	6. Country 30

3. Date Incorporated or Qualified <b>02/19/1988</b>	3a. Date of Last Report <b>07/03/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBITAILLE, HENRY  
6010 DOWN PT. LANE  
WINDERMERE FL 34786**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Henry A. Robitaille* **Henry A. Robitaille, Treasurer** DATE **June 10, 1997**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BUETTGEN, ERIN K</b>
STREET ADDRESS	<b>6076 SUNSET CIRCLE</b>
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>YANG, YU</b>
STREET ADDRESS	<b>5035 DOWN POINT LN</b>
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROBITAILLE, HENRY</b>
STREET ADDRESS	<b>6010 DOWN PT. LANE</b>
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>
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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dr. Ray Rogers</b>
1.3 STREET ADDRESS	<b>4300 Down Point Ln</b>
1.4 CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Mrs Sandra K. Joseph, Jr.</b>
2.3 STREET ADDRESS	<b>5055 Down Point Ln</b>
2.4 CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

CP2E037 (9/96)