


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).

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90009 043 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24909**

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



Principal Place of Business 6010 DOWN PT. LANE WINDERMERE FL 34786 US	Mailing Address 6010 DOWN PT. LANE WINDERMERE FL 34786 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/19/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 25	Zip Country 29 30	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

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, Treasurer DATE: August 12, 1999

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROGERS, RAY D	
STREET ADDRESS	4300 DOWN POINT LANE	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH, MRS. SANDRA K	
STREET ADDRESS	5055 DOWN POINT LANE	
CITY-ST-ZIP	WINDEMERE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBITAILLE, HENRY	
STREET ADDRESS	6010 DOWN POINT LN	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BERMAN, BARRY	
STREET ADDRESS	5070 DOWN POINT LANE	
CITY-ST-ZIP	WINDERMERE FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bonnie Aaron
2.3 STREET ADDRESS	4232 Down Point Ln.
2.4 CITY-ST-ZIP	Windermere, FL
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	George Joseph
5.3 STREET ADDRESS	5055 Down Point Lane
5.4 CITY-ST-ZIP	Windermere FL
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steve Hesel
6.3 STREET ADDRESS	4243 Down Point Ln
6.4 CITY-ST-ZIP	Windermere FL

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: Henry A Robitaille DATE: Aug 12, 1999 DAYTIME PHONE #: 4076607369

CR2E037 (5/99)