


FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N27824 (4)  
1. Corporation Name  
SUNSET VILLAGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
1275 S. PATRICK DR., STE. C SATELLITE BEACH FL 32937  
1275 S. PATRICK DR., STE. C SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified  
08/09/1988  
4. FEI Number  
59-2911573  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 BORNEARY 26 BORNEARY  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 1090 A.I.A., SUITE 212 27 1090 A.I.A., SUITE 212  
City & State City & State  
23 SATELLITE BEACH, FL 28 SATELLITE BEACH, FL  
Zip Country Zip Country  
24 32973 25 AREVARD 29 32937 30 AREVARD

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
SMITH, RICHARD E  
625 SEVILLE COURT  
SATELLITE BEACH FL 32937  
FLEIS, EDWARD M.  
1090 A.I.A., SUITE 212  
SATELLITE BEACH, FL  
32937

10. Name and Address of New Registered Agent  
81 Name  
FLEIS, EDWARD M.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1090 A.I.A., SUITE 212  
83  
84 City SATELLITE BEACH FL 85 Zip Code 32937

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 17.0503, Florida Statute.

SIGNATURE: *Edward M. Fleis* - President - Director DATE: 4.30.98

12. OFFICERS AND DIRECTORS

TITLE	PO SD	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD E.	
STREET ADDRESS	625 SEVILLE COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MARTHA C	
STREET ADDRESS	625 SEVILLE COURT	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, EDEN	
STREET ADDRESS	3850 TURTLEMOUND RD.	
CITY-ST-ZIP	MELBOURNE FL 32934	
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	S.O.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PO.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FLEIS, EDWARD M.	
2.3 STREET ADDRESS	1090 A.I.A., SUITE 212	
2.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
3.1 TITLE	FLEIS, JEFFREY E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1090 A.I.A., SUITE 212	
3.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
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 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.

SIGNATURE: *Edward M. Fleis* DATE: 4.30.98 DAYTIME PHONE: 407-711-2101

CR2E037 (10/97)