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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N31526** **(9)**

1. Corporation Name

SUNCREST VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779	2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified: 04/05/1989
3a. Date of Last Report: 05/01/1996

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

4. FEI Number: 59-2984826 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

HART, JAMES W., JR.
2180 W. STATE RD. 434 SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	KLEIN, RUTH		1.2 NAME	NICKERSON,SCOTT	
STREET ADDRESS	4111 PESCAPERO COURT		1.3 STREET ADDRESS	4051 POINT REYES CT	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	ROSADO, HIPOLITO		2.2 NAME	ROSADO,HIPOLITO	
STREET ADDRESS	4029 PALO ALTO CT		2.3 STREET ADDRESS	4029 PALO ALTO CT	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	LEIBOLD, JERRY		3.2 NAME	LARE,DIANE	
STREET ADDRESS	9104 NAPA CT.		3.3 STREET ADDRESS	4134 POINT REYES CT	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	NEMETHY, JOHN		4.2 NAME	BURKE,BARBARA	
STREET ADDRESS	4009 POINT REYS CT.		4.3 STREET ADDRESS	4028 PALO ALTO CT	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VILLANO, DOMINICK		5.2 NAME		
STREET ADDRESS	4039 POINT REYS CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STANEK, SALLY		6.2 NAME		
STREET ADDRESS	4140 PESCADERO CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 on an attachment with an address.

RUTH KLEIN 4/25/97