


**FILE NOW: FILING FEE IS \$61.25**

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**Aug 27 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 # **N40314** (9)  
1. Corporation Name  
**SUNSET LAKES OF WINDEMERE HOMEOWNERS' ASSOCIATIO  
N, INC.**



Principal Place of Business Mailing Address  
2170 SR 434 W SUITE 384 LONGWOOD FL 32779  
2170 SR 434 W SUITE 384 LONGWOOD FL 32779

3. Date Incorporated or Qualified  
**10/11/1990**

4. FEI Number  
**59-3179181**

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

2. Principal Place of Business 2a. Mailing Address  
21 PO Box 691316 26 PO Box 691316  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 ORLANDO FL 28 ORLANDO FL  
Zip Country Zip Country  
24 32869-1316 25 29 32869-1316 30

9. Name and Address of Current Registered Agent  
**CAMPBELL, MARILYN C  
2170 SR 434 W  
SUITE 384  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent  
81 Name  
**TIM RAMSEY, PRESIDENT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**13392 SUNSET LAKES CIRCLE**  
83  
84 City **WINTER GARDEN** FL 85 Zip Code **34787**

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 Tim Ramsey, President Tim Ramsey 8/24/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, J.C. JR.	
STREET ADDRESS	1115 E. LIVINGSTON ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, JON C	
STREET ADDRESS	1115 E. LIVINGSTON ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEARY, WILLIAM	
STREET ADDRESS	1115 E. LIVINGSTON ST.	
CITY-ST-ZIP	ORLANDO 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ramsey, Tim	
1.3 STREET ADDRESS	13392 Sunset Lakes Circle	
1.4 CITY-ST-ZIP	Winter Garden FL 34787	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hallgren, Valerie	
2.3 STREET ADDRESS	13440 Sunset Lakes Circle	
2.4 CITY-ST-ZIP	Winter Garden FL 34787	
3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tomlin, Richard	
3.3 STREET ADDRESS	13668 Sunset Lakes Circle	
3.4 CITY-ST-ZIP	Winter Garden FL 34787	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Appelget, Patty	
4.3 STREET ADDRESS	3217 Hidden Lakes Drive	
4.4 CITY-ST-ZIP	Winter Garden, FL 34787	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Len Pinelli	
5.3 STREET ADDRESS	13597 Sunset Lakes Circle	
5.4 CITY-ST-ZIP	Winter Garden, FL 34787	
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: Tim Ramsey Tim Ramsey 8/24/98 407.648.7237

CR2E037 (10/97)