

FILE NOW: FILING FEE IS \$61.25

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90019 021 ****61.25

0076702

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N40314

1. Corporation Name

SUNSET LAKES OF WINDEMERE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

P O BOX 691316 ORLANDO FL 32869-316 US - 1316

Mailing Address

P O BOX 691316 ORLANDO FL 32869-316 US - 1316



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

10/11/1990

4. FEI Number

59-3179181

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

9. Name and Address of Current Registered Agent

RAMSEY, TIM 13392 SUNSET LAKES CIR WINTER GARDEN FL 34787

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

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 NAME RAMSEY, TIM STREET ADDRESS 13392 SUNSET LAKES CIR CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE VD NAME HALLGREN, VALERIE STREET ADDRESS 13440 SUNSET LAKES CIR CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE STD NAME TOMLIN, RICHARD STREET ADDRESS 13668 SUNSET LAKES CIR CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE D NAME APPEGET, PATTY STREET ADDRESS 3217 HIDDEN LAKES DR CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE D NAME PINELLI, LEN STREET ADDRESS 13597 SUNSET LAKES CIR CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-99

407.648.7237

Date

Daytime Phone #

CR2E037 (11/98)