

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90290 043 ****61.25

DOCUMENT # N40314

1. Entity Name

SUNSET LAKES OF WINDEMERE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4004 EDGEWATER DRIVE
 ORLANDO FL 32804
 US

4004 EDGEWATER DRIVE
 ORLANDO FL 32804
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3179181

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARY RIVERA-ASSET REAL ESTATE INC.
4004 EDGEWATER DRIVE
ORLANDO FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable).

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, TOM	
STREET ADDRESS	13542 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GAUGER, TOM	
STREET ADDRESS	13001 SHADOW POND COURT	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GRAFT, AMY	
STREET ADDRESS	3106 SHADOW POND TERRACE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VANDAM, JOE	
STREET ADDRESS	13013 SHADOW POND CT	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, KYLE	
STREET ADDRESS	3118 SHADOW POND TERRACE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, JEFFREY	
STREET ADDRESS	13536 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLIN, BRENDA	
STREET ADDRESS	13668 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIESETT, DAWN	
STREET ADDRESS	13458 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMM, DAVE	
STREET ADDRESS	13645 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKUSH, DAVID	
STREET ADDRESS	13434 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey O'Brien* JEFFREY O'BRIEN, D

1/14/02

407-299-9009

CR2E037 (9/01)