

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90014 046 \*\*\*\*61.25

**DOCUMENT # N40314**



1. Entity Name  
**SUNSET LAKES OF WINDEMERE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
 5401 KIRKMAN RD.  
 SUITE ~~475~~ **450**  
 ORLANDO, FL 32819 US

Mailing Address  
 5401 KIRKMAN RD.  
 SUITE ~~475~~ **450**  
 ORLANDO, FL 32819 US

33060600



2. Principal Place of Business		3. Mailing Address		03012004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3179181	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S. KIRKMAN RD., <del>#475</del> <b>450</b> ORLANDO, FL 32819		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, MICHELLE 13561 SUNSET LAKES CIR WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP JAY MILLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13411 SUNSET LAKES CIR WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMLIN, BRENDA 13668 SUNSET LAKES CIRCLE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP MARK WHELESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13466 SUNSET LAKES CIR WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIESETT, DAWN 13458 SUNSET LAKES CIRCLE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T DENNIS HUGHES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13644 SUNSET LAKES CIR WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMSEY, MICHELLE 13392 SUNSET LAKES CIR WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKUES, DAVID 13434 SUNSET LAKES CIR WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Amy GRAFT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3106 SHADOW POND TER WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michelle Ramsey Date: 3-18-04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR