

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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000002466 (0)**

1. Corporation Name  
**SUN KEY VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **8607 26 AVE EAST PALMETTO FL 34221**  
Mailing Address: **8607 26 AVE EAST PALMETTO FL 34221**

3. Date Incorporated or Qualified: **05/13/1994**  
3a. Date of Last Report: **04/03/1995**  
4. FEI Number: **65-0552631**  
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

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

**9. Name and Address of Current Registered Agent**

**COLLING, LEE J  
20 N ORANGE AVE SUITE 700  
ORLANDO FL 32801**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>BERTRAND, L P</b>	
STREET ADDRESS	<b>8602 26 AVE E</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>STOLLE, WILLIAM</b>	
STREET ADDRESS	<b>8710 26TH AVE EAST</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>FRY, H. C</b>	
STREET ADDRESS	<b>8618 26TH AVE EAST</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLANAGAN, ROBERT E</b>	
STREET ADDRESS	<b>8612 26 AVE E</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOSKINS, DELOS W</b>	
STREET ADDRESS	<b>8613 26 AVE E</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LUEDER, DONALD</b>	
STREET ADDRESS	<b>2818 88TH ST EAST</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KEITH WALLACE</b>	
1.3 STREET ADDRESS	<b>2606 88TH STREET EAST</b>	
1.4 CITY-ST-ZIP	<b>PALMETTO FL</b>	
2.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROBERT DUDLEY</b>	
2.3 STREET ADDRESS	<b>8505 26TH AVENUE EAST</b>	
2.4 CITY-ST-ZIP	<b>PALMETTO FL</b>	
3.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>FRED SYLVESTER</b>	
4.3 STREET ADDRESS	<b>2607 86TH LANE EAST</b>	
4.4 CITY-ST-ZIP	<b>PALMETTO FL</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 for on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **Jan 28 1996** DAYTIME PHONE #: **941 723 3147**

CR2E037 (12/95)