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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

8607 26 AVE EAST
PALMETTO FL 34221

8607 26 AVE EAST
PALMETTO FL 34221

3. Date Incorporated or Qualified
05/13/1994

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name ERIC D. BRUCE P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
537 10TH STREET WEST
83 BRADENTON
84 City B FL 85 Zip Code 34205

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]* ERIC D. BRUCE 03-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACE, KEITH	
STREET ADDRESS	2806 88TH STREET EAST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DUDLEY, ROBERT	
STREET ADDRESS	8505 26TH AVENUE EAST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRY, H. C	
STREET ADDRESS	8618 26TH AVE EAST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SYLVESTER, FRED	
STREET ADDRESS	2607 88TH LANE EAST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOSKINS, DELOS W	
STREET ADDRESS	8613 26 AVE E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LUEDER, DONALD	
STREET ADDRESS	2618 88TH ST EAST	
CITY-ST-ZIP	PALMETTO FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALLACE BRESLIN	
1.3 STREET ADDRESS	2613 88TH LANE EAST	
1.4 CITY-ST-ZIP	PALMETTO FL 34221	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DUDLEY ROBERT	
2.3 STREET ADDRESS	8505 26TH AVE EAST	
2.4 CITY-ST-ZIP	PALMETTO FL 34221	
3.1 TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Stolle	
3.3 STREET ADDRESS	8710 26TH AVE EAST	
3.4 CITY-ST-ZIP	PALMETTO FL 34221	
4.1 TITLE	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LEO PAUL BERTRAND	
4.3 STREET ADDRESS	8602 26TH AVE EAST	
4.4 CITY-ST-ZIP	PALMETTO FL 34221	
5.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DONNA LAUERMAN	
5.3 STREET ADDRESS	8606 26TH AVE EAST	
5.4 CITY-ST-ZIP	PALMETTO FL 34221	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NAOMI McMAHON	
6.3 STREET ADDRESS	8604 27TH AVE EAST	
6.4 CITY-ST-ZIP	PALMETTO FL 34221	

14. I do 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: *[Signature]* MARCH 7 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)