

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002466 (0)**
1. Corporation Name

SUN KEY VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 8907 26 AVE EAST PALMETTO FL 34221	Mailing Address 8907 26 AVE EAST PALMETTO FL 34221
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3. Date Incorporated or Qualified 05/13/1994		
4. FEI Number 65-0552631	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRUCE, ERIC D 537 10TH ST. WEST BRADENTON FL 34205	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, KEITH	1.2 NAME	WALLY BRESLIN
STREET ADDRESS	2008 88TH STREET EAST	1.3 STREET ADDRESS	2613 86TH LANE EAST
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	PALMETTO FL 34221
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUDLEY, ROBERT	2.2 NAME	EDWARD GAYNOR
STREET ADDRESS	8505 28TH AVENUE EAST	2.3 STREET ADDRESS	8709 26TH AVENUE EAST
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	PALMETTO FL 34221
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLLE, WILLIAM	3.2 NAME	
STREET ADDRESS	8710 28TH AVE. EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTRAND, LEO P	4.2 NAME	FRANK LAZARCZYK
STREET ADDRESS	8602 28TH AVE. EAST	4.3 STREET ADDRESS	8608 27TH AVENUE EAST
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	PALMETTO FL 34221
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LAUERMAN, DONNA	5.2 NAME	
STREET ADDRESS	8606 28TH AVE. EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MCAHON, NAOMI	6.2 NAME	
STREET ADDRESS	8604 27TH AVE. EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	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.

SIGNATURE: Frank Lazarczyk DATE: 2/9/98 (941) 729-0710

CR2E037 (10/97)