

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N97000005226

FILED
May 16, 2000 8:00 am
Secretary of State

03-03-2000 90199 008 ****61.25

1. Entity Name

SUNSET VIEW APARTMENTS HOMEOWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

310 LAKE JUNE DR.
 LAKE PLACID FL 33852

7806 SW 9TH STREET
 OKEECHOBEE FL 34974-1507
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

172 BERTON DR.

3. Mailing Address

PO Box 3211

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PLACID FL

City & State

Okeechobee FL

4. FEI Number

59-3473476

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R
 227 N. RIDGEWOOD DR.
 SEBRING FL 33870

7. Name and Address of New Registered Agent

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:
SEE 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

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CHARTIER, DONNA	
STREET ADDRESS	7806 SW 9TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ENFINGER, DANIEL M	
STREET ADDRESS	1535 SW 67TH DR.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHARTIER, RICHARD E	
STREET ADDRESS	7806 SW 9TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2201 SW 28th ST, VILLA 41	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENFINGER, CINDY	
STREET ADDRESS	1535 SW 67th Dr.	
CITY-ST-ZIP	Okeechobee, FL 34974	
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 Section 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: RICHARD CHARTIER 2/25/00 863-467-9090
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (9/99)