


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N97000005226 1. Entity Name SUNSET VIEW APARTMENTS HOMEOWNERS ASSOCIATION, INC. |  |
|--|---|

| | |
|--|---|
| Principal Place of Business 172 BERTON DRIVE LAKE PLACID, FL 33852 | Mailing Address 2017 SW 67TH DR OKEECHOBEE, FL 34974 US |
|--|---|

DO NOT WRITE IN THIS SPACE



02052008 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 59-3473476 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent RHOADES, CLIFFORD R 227 N. RIDGEWOOD DR. SEBRING, FL 33870 | DO NOT WRITE IN THIS SPACE |
|--|---------------------------------------|

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

| | |
|---|--|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVD ENFINGER, DANIEL M 1535 SW 67TH DR OKEECHOBEE, FL 34974 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CHARTIER, RICHARD E 2017 SW 67TH DR OKEECHOBEE, FL 34974 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENFINGER, CINDY 1535 SW 67TH DR OKEECHOBEE, FL 34974 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LESKAR, DAVID 100 NW 70TH AVE PLANTATION, FL 33317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

U000000832764
02/27/08-00072-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2/19/08 863/634-7523**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #