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NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMEN STATE

Sandra B. Mom

Secretary of S DIVISION OF CORPCIONS

1998

DOCUMENT #

N9400003820 (7)

SUNSET VIEW HOMEOWNERS' ASSOCIATION, INC.

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Principal Plac	ce of Business	Mailing Address	<del></del>	0 10011101 010 1010 01011 00111 00111 00111	i Bālili Adies Jeini sālis cien neus sadī
715 VASSAR STREET ORLANDO FL 32804		C/O MID-FLORIDA PROP. MGMT. P.O. BOX 182150 CASSELBERRY FL 32718		3. Date Incorporated or Qualified 08/01/1994	
		US		4. FEI Number 59-3302377	Applied For Not Applicate
	Place of Business	2a. Malling Addres	8		\$8.75 Additional
5250 South U.S. Huy. 17-		<del></del>			Fee Required
3016, Apt.	#, B1C.	Suite, Apt. #, et	c,	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat		City & State		7. Is this nonprofit corporation a hom	
<u>3 Cass</u>		28			Yes LINO
Zip 3270	Country	Zip	Cotry	8. This corporation owes or has paid	I the current year Intangible ∩. ☐ Yes ☐ No
<u> </u>	9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 3  10. Name and Address of New Regi	
		<u> </u>	11 Name	10. 114110	
SPARE,	WILLIAM C.		32 Street A	Address (P.O. Box Number is Not Acceptable	<u> </u>
C/O MID	-FLORIDA PROP. MGMT.		JE OHOCK	tourous (Free Deliver)	<u></u> _
	BUTH U.S. HWY 17-92 BERRY FL 32707		<b>B3</b>	_	
CHOOCLI	DENNT PL 32/U/		84 City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508. Florida 5	Statutes the hove-named	corporation submits this statement for the pu	
office or re agent, i ar	egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida. Such change	was authorized by the corp	corporation submits this statement for the purporation's board of directors. I hereby accept	the appointment as registered
	The coope and obligation	OLIO OLI DOCTIOLI O LL'OON	io, monda ottutes.		
SIGNATURE	Signature, typed or printed name of registered agent		(NOTE: Registed Agent signature	required when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	11	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		11 1.TITLE	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	
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Mar 12 1998 8:00am

Secretary of State

352-343-9681