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FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769458 (1)
1. Corporation Name
SUN LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
4865 LAKE ONTARIO AVE 4865 LAKE ONTARIO AVE
P O BOX 430 P O BOX 430
SHARPES FL 32959 SHARPES FL 32959

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified
07/19/1983
4. FEI Number
59-2593278
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Terry
TERRY, THAD A
4865 LAKE ONTARIO DR
COCOA FL 32926
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
1.1 TITLE ☒ DELETE
1.2 NAME JOHNSON, PAULA D
1.3 STREET ADDRESS 4865 LK ONTARIO AVE
1.4 CITY-ST-ZIP COCOA FL
1.5 TITLE ☐ DELETE
1.6 NAME PDS
1.7 STREET ADDRESS TERRY, THAD A.
1.8 CITY-ST-ZIP 4865 LAKE ONTARIO
1.9 CITY-ST-ZIP COCOA FL
1.10 TITLE ☐ DELETE
1.11 NAME D
1.12 STREET ADDRESS TERRY, THAD A JR
1.13 CITY-ST-ZIP 4865 LAKE ONTARIO DR
1.14 CITY-ST-ZIP COCOA FL
1.15 TITLE ☐ DELETE
1.16 NAME
1.17 STREET ADDRESS
1.18 CITY-ST-ZIP
1.19 TITLE ☐ DELETE
1.20 NAME
1.21 STREET ADDRESS
1.22 CITY-ST-ZIP
1.23 TITLE ☐ DELETE
1.24 NAME
1.25 STREET ADDRESS
1.26 CITY-ST-ZIP
1.27 TITLE ☐ DELETE
1.28 NAME
1.29 STREET ADDRESS
1.30 CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5 TITLE ☐ Change ☐ Addition
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY-ST-ZIP
1.9 TITLE ☐ Change ☐ Addition
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY-ST-ZIP
1.13 TITLE ☐ Change ☒ Addition
1.14 NAME Director
1.15 STREET ADDRESS Linda Suzannah
1.16 CITY-ST-ZIP 5600 N. U.S. 7
1.17 CITY-ST-ZIP COCOA FL 32927
1.18 TITLE ☐ Change ☐ Addition
1.19 NAME
1.20 STREET ADDRESS
1.21 CITY-ST-ZIP
1.22 TITLE ☐ Change ☐ Addition
1.23 NAME
1.24 STREET ADDRESS
1.25 CITY-ST-ZIP
1.26 TITLE ☐ Change ☐ Addition
1.27 NAME
1.28 STREET ADDRESS
1.29 CITY-ST-ZIP
1.30 TITLE ☐ Change ☐ Addition
1.31 NAME
1.32 STREET ADDRESS
1.33 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, on the attachment with an address.

SIGNATURE: _____ (407)
4/24/98 639-0370

CR2E037 (10/97)