Entity Name INC.	SUNSET VIEW APARTMENTS HOME	OWNERS ASSOCIA		tary of State 097457CC	
Current Prin	ncipal Place of Business:				
7483 NW 87TH	-				
OKEECHOBEE	, FL 34972				
Current Mai	ling Address:				
PO BOX 108					
OKEECHOE	EE, FL 34973-1084 US				
FEI Number: 59-3473476		Certificate of Status Desired: No			
Name and A	Address of Current Registered Agent:				
CORWIN, MIKE	D				
7483 NW 87TH	7483 NW 87TH CT.				
OKEECHOBEE	, FL 34973 US				
The above name		ite an aiste an d'affin a su an aist	and a new an bath in the State		
The above hamed	d entity submits this statement for the purpose of changing i	its registered office or regist	ered agent, or both, in the State	of Florida.	
	E: MIKE D CORWIN	its registered office of regist	ered agent, or both, in the State	of Florida. 01/26/2024	
		ns registered onlice or regist	rerea agent, or both, in the State		
	Electronic Signature of Registered Agent	ns registered onice or regist	rerea agent, or both, in the State	01/26/2024	
SIGNATURE	Electronic Signature of Registered Agent	Title	STD	01/26/2024	
SIGNATURE Officer/Dire	MIKE D CORWIN Electronic Signature of Registered Agent ctor Detail :			01/26/2024	
SIGNATURE Officer/Dire	MIKE D CORWIN Electronic Signature of Registered Agent Ctor Detail : PVD	Title	STD	01/26/2024	
SIGNATURE Officer/Dire Title Name Address	EIECTRONIC Signature of Registered Agent Ctor Detail : PVD CORWIN, MATTHEW D	Title Name Address	STD CORWIN, MIKE D	01/26/2024 Date	
SIGNATURE Officer/Dire Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED Agent Ctor Detail : PVD CORWIN, MATTHEW D PO BOX 1084	Title Name Address	STD CORWIN, MIKE D PO BOX 1084	01/26/2024 Date	
SIGNATURE Officer/Dire Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED Agent Ctor Detail : PVD CORWIN, MATTHEW D PO BOX 1084	Title Name Address	STD CORWIN, MIKE D PO BOX 1084	01/26/2024 Date	
SIGNATURE Officer/Dire Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED Agent Ctor Detail : PVD CORWIN, MATTHEW D PO BOX 1084	Title Name Address	STD CORWIN, MIKE D PO BOX 1084	01/26/2024 Date	
SIGNATURE Officer/Dire Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED Agent Ctor Detail : PVD CORWIN, MATTHEW D PO BOX 1084	Title Name Address	STD CORWIN, MIKE D PO BOX 1084	01/26/2024 Date	
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SIGNATURE Officer/Dire Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED Agent Ctor Detail : PVD CORWIN, MATTHEW D PO BOX 1084	Title Name Address	STD CORWIN, MIKE D PO BOX 1084	01/26/2024 Date	

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700005226

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

01/26/2024

FILED Jan 26, 2024

Electronic Signature of Signing Officer/Director Detail