## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 413394

1. Corporation Name

SUN COVE OF KISSIMMEE, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90140 005 \*\*\*150.00



								- Particular	
Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, g. 1 g. 1 g. 1 g. 1
4425 SO. PLEASANT HILL ROAD KISSIMMEE FL 34746		4425 SO. PLEASANT HILL ROAD KISSIMMEE FL 34746							
						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
		O Beriting Address				11/27/1972 4. FEI Number	-	TAN	plied For
_ '	ace of Business	2a. Mailing Address				59-1427809			t Applicable
21	# -1-	Suite, Apt. #, etc.				39-1427809		\$8.75 A	
Suite, Apt.	#, etc.	27				5. Certificate of Status Desired		Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23	•	28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Country			8. This corporation owes the curr	ent year inta	ngible	
24	25		0			Personal Property Tax.	•		□No
	9. Name and Address of Current					10. Name and Address of New	Registered A	lgent	
			81	Name	<del>)</del>				
HADLEY, DEAN D.			82	Stroo	t Addra	ss (P.O. Box Number is Not Accept	able)		
4425 PLEASANT HILL RD			02	31100	t Addies	as (F.O. Box Halliber is Not Assept	35.07		
KISSIMMEE FL 34746			83				=		
			84	City				85 Zip C	`aha`
				-			FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	e-name	q como	ration submits this statement for the	purpose of	changing its	registered
office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State on the familiar with, and accept the obligation	if Florida. Such change was aut ions of, Section 607.0505, Floric	horized by da Statutes	the cor	poration	is board of directors. I hereby acce	br mé abbon	ument as ret	Jistereu
SIGNATURE	···-······, -·· , 3··								
SIGNATURE	Signature, typed or printed name of registered agent		Registered Ager	nt signatur	e required	when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE					Change	Addition
NAME	HADLEY, DEAN D		1.2 NAME						
STREET ADDRESS	4425 SO PLEASANT HILL RD		1.3 STREET	FADORES	S				
CITY-ST-ZIP	KISSIMMEE, FL 00000		1.4 CITY-S	T-ZIP	<del></del>		_		
TITLE	STD	☐ DELETE	2.1 TITLE					Change	Addition
NAME	HADLEY, BARBARA A		2.2 NAME						
STREET ADDRESS	4425 PLEASANT HILL ROAD		2.3 STREET	T ADDRES	s		-		{
CITY-ST-ZIP	KISSIMMEE FL		2. 4 CITY-S	2, 4 CITY-ST-ZIP					
TITLE	VD □ DELETE 3.1		3.1 TITLE					Change	☐ Addition {
NAME	HADLEY, LYDA B 3.2		3.2 NAME	3.2 NAME					
STREET ADDRESS	4425 PLEASANT HILL RD		3.3 STREE	T ADDRES	5				
CITY-ST-ZIP			3.4. CITY+S	T-ZIP					
TITLE	☐ DELETE 4.1 TI		4.1 TITLE					☐ Change	Addition
NAME			4. 2 NAME						ļ
STREET ADDRESS			4.3 STREE	TADDRES	s				
CITY-ST-ZIP			4.4 CITY-S	T-ZiP			_		
TMLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME				•		
STREET ADDRESS			5.3 STREE	TADDRES	s				į
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TIDE		□ DELETE	6.1 TITLE		$\overline{}$	· ·		Change	☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6 2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

407-933-5870