

DOCUMENT # 413394

1. Entity Name

SUN COVE OF KISSIMMEE, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90025 037 ***150.00

Principal Place of Business: 4425 SO. PLEASANT HILL ROAD, KISSIMMEE FL 34746
Mailing Address: 4425 SO. PLEASANT HILL ROAD, KISSIMMEE FL 34746-2719



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (Suite, Apt. #, etc., City & State, Zip, Country)
3. Mailing Address (Suite, Apt. #, etc., City & State, Zip, Country)

4. FEI Number: 59-1427809
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: HADLEY, DEAN D., 4425 PLEASANT HILL RD, KISSIMMEE FL 34746

7. Name and Address of New Registered Agent (Name, Street Address, City, State, Zip Code)

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 main columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include officer details like PD HADLEY, DEAN D., STD HADLEY, BARBARA A, and VD HADLEY, LYDA-B.

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1-24-00 407-933-5870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #