

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAR -7 PM 1:41

DOCUMENT # 739481 (0)
1. Corporation Name
DUNEDIN SUNDOWNERS, INC.

Principal Place of Business Mailing Address

2317 JONES DRIVE 2317 JONES DRIVE
P.O. BOX 951 P.O. BOX 951
DUNEDIN FL 34697 DUNEDIN FL 34697

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1771008	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 951
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. Dunedin FL
24. Country	29. 34697
	30. FL

9. Name and Address of Current Registered Agent

DICUS, HENRY L.
2317 JONES DRIVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81. Name GALE MILLER
82. Street Address (P.O. Box Number is Not Acceptable) 200 GLENNES LN #202
83. City
84. DUNEDIN
85. Zip Code FL 34698

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Keale H. Miller* DATE: **3-1-95**

*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REJKO, KENNETH
STREET ADDRESS	1290 AMBERLEA CT W
CITY-ST-ZIP	DUNEDIN FL
TITLE	VD
NAME	THORNTON, SONNY
STREET ADDRESS	1991 SPANISH PINES DR
CITY-ST-ZIP	PALM HARBOR FL
TITLE	SD
NAME	BORNMANN, SUSAN
STREET ADDRESS	2027 MCMULLEN AVE
CITY-ST-ZIP	DUNEDIN FL
TITLE	TD
NAME	REJKO, AMANDA
STREET ADDRESS	1290 AMBERLEA CT W
CITY-ST-ZIP	DUNEDIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DON SHAPPER	
1.3 STREET ADDRESS	250-C HIDDEN BROOK DR	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEITH KURBER	
2.3 STREET ADDRESS	1558 ROXBURG LN	
2.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATRICIA MCGARR	
3.3 STREET ADDRESS	2296 MONACO LN #22	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34623	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAY HARTNETT	
4.3 STREET ADDRESS	1567 ROXBURG LN	
4.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: *KAY HARTNETT* DATE: **3/3/95 - 813**
733-8646

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR