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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739481** (0)

1. Corporation Name

DUNEDIN SUNDOWNERS, INC.

Principal Place of Business

Mailing Address

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

**P O BOX 951
P.O. BOX 951
DUNEDIN FL 34697
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/24/1977

4. FEI Number

59-1771008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**ZANTOP, DAN
440 OAK CREEK DR
PALM HARBOR FL 34688**

81 Name

DONOGHUE KEVIN PD

82 Street Address (P.O. Box Number is Not Acceptable)

5021 VALENCIA LANE EAST

84 City

PALM HARBOR

FL

85 Zip Code

34684

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 **KEVIN DONOGHUE PD**
Signature, typed or printed name of registered agent and title if applicable

X. J. [Signature]
(NOTE: Registered Agent signature required when reappointing)

4/1/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ DELETE

NAME **DONOGHUE, KEVIN**
STREET ADDRESS **5021 VALENCIA LANE EAST**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE **SD** ☐ DELETE

NAME **DONALD, MARTHA**
STREET ADDRESS **1858 PASADENA DR**
CITY-ST-ZIP **DUNEDIN FL**

TITLE **TD** ☐ DELETE

NAME **WYLDE, JOHN**
STREET ADDRESS **1512 GLEN HOLLOW LANE N**
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** ☐ Change ☒ Addition

1.2 NAME **GUNN, WENDELL**
1.3 STREET ADDRESS **2351 MANSURUM DR.**
1.4 CITY-ST-ZIP **DUNEDIN, FL 34698**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME **DONOGHUE KEVIN**
2.3 STREET ADDRESS **5021 VALENCIA LANE EAST**
2.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, or on an attachment with an address.

SIGNATURE: **JOHN WYLDE TO THE OFFICE OF THE SECRETARY OF STATE** **4/9/98** **(013) 736-8095**

CR2E037 (10/97)