

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90044 009 ****61.25

DOCUMENT # 739481

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONOGHUE, KEVIN
5021 VALENCIA LANE EAST
PALM HARBOR FL 34684

81 Name

GUNN, WENDELL

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

2351 MANGRUM DRIVE

83

84 City

DUNEDIN

85 Zip Code

FL 34698

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

Wendell L. Gunn

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/99

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

VPD

NAME

GUNN, WENDELL

STREET ADDRESS

2351 MANGRUM DRIVE

CITY-ST-ZIP

DUNEDIN FL 34698

TITLE

PD

NAME

DONOGHUE, KEVIN

STREET ADDRESS

5021 VALENCIA LANE EAST

CITY-ST-ZIP

PALM HARBOR FL 34684

TITLE

TD

NAME

WYLDE, JOHN

STREET ADDRESS

1512 GLEN HOLLOW LANE N

CITY-ST-ZIP

DUNEDIN FL

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

MC GARR, PATRICIA

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

D

☒ Change ☐ Addition

5.2 NAME

MC GARR, PATRICIA

5.3 STREET ADDRESS

2296 MONACO LANE # 22

5.4 CITY-ST-ZIP

CLEARWATER, FL 33763

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/12/99

(727) 736-8045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0072727