


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 757408 (0) 1. Corporation Name SUNSET AT KELLYBROOKE HOMEOWNERS' ASSOCIATION, I NC.					
Principal Place of Business 17711 SAN CARLOS BLVD. FT.MYERS BCH. FL 33931			Mailing Address 17711 SAN CARLOS BLVD. FT.MYERS BCH. FL 33931		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		25 Country		28 Zip	
24		29		30	
9. Name and Address of Current Registered Agent HAMBY, ELEANOR C. 17711 SAN CARLOS BLVD. FT MYERS BCH. FL 33931			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number Is Not Acceptable)		
83			84 City		
			85 Zip Code		
FL					
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE SD <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME RODRIGUEZ, DEBORAH			1.2 NAME		
STREET ADDRESS 16080-3 DUBLIN CIR.			1.3 STREET ADDRESS		
CITY-ST-ZIP FT. MYERS FL			1.4 CITY-ST-ZIP		
TITLE PD <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HAMBY, ELEANOR			2.2 NAME		
STREET ADDRESS 17711 SAN CARLOS BLVD.			2.3 STREET ADDRESS		
CITY-ST-ZIP FT. MYERS BCH FL			2.4 CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BROTHERTON, REBECCA			3.2 NAME		
STREET ADDRESS 17711 SAN CARLOS BOULEVARD			3.3 STREET ADDRESS		
CITY-ST-ZIP FT. MYERS BEACH FL 33931			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Eleanor C. Hamby* **ELEANOR C. HAMBY** 1-598 941-454-1111

CR2E037 (10/97)