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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90119 034 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 757515

1. Corporation Name
SUNSET VIEW CONDOMINIUM ASSOCIATION, INC.

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| Principal Place of Business % BARBARIA McDERMOTT 35 SANDDOLLAR LN. ENGLEWOOD FL 34223 US | Mailing Address % BARBARA McDERMOTT 900 LEMON BAY DR. VENICE FL 34293 US |
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|---|--|---|--|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date incorporated or Qualified 04/13/1981 | 4. FEI Number 65-0100208 Applied For Not Applicable | 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 |
|---|--|---|--|--|---|

9. Name and Address of Current Registered Agent

DICKINSON, ROBERT A
 460 S INDIANA AVE
 ENGLEWOOD FL

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DTS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHALEN, JOSEPH | 1.2 NAME | |
| STREET ADDRESS | 2933 PACIFIC AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WALL NJ | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNETT, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 2001 MCCALL RD S | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ENGLEWOOD FL | 2.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SINGLER, GAIL A | 3.2 NAME | |
| STREET ADDRESS | 1681 TONYA TRAIL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEENAH WI 54956 | 3.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOJAN, JAY | 4.2 NAME | |
| STREET ADDRESS | 21103 W BRANDON RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | KILDEER IL | 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, with all other like empowered

SIGNATURE: *Joseph Whalen* 4-22-99 941-475-0443
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)