

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **757797** (6)

1. Corporation Name
SUNSET STRIP AIRPARK PROPERTY OWNER'S ASSOCIATION, INC.

95 APR 14 AM 9:31

Principal Place of Business
~~4 BRUCE CHERRY~~
~~6800 SW 13TH ST. P.O. BOX 92~~
RICK CHARTIER
7806 S.W. 9TH ST.
OKEECHOBEE FL 34974

Mailing Address
P. O. BOX 92
OKEECHOBEE FL 34974
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/30/1981** 3a. Date of Last Report **02/28/1994**

4. FEI Number **65-0174105** Applied For Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
AMSDEN, RICHARD
6757 SW 13TH ST
OKEECHOBEE FL 34974

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 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 607.0605, Florida Statutes.

SIGNATURE *Richard D. Amnden, Sec./TREAS.* DATE *4/10/95*

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ENFINGER, DANIEL
STREET ADDRESS	1535 SW 67TH DR.
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	VD
NAME	DONALDSON, LOAL
STREET ADDRESS	6881 SW 13TH ST
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	STD
NAME	AMSDEN, RICHARD
STREET ADDRESS	6757 SW 13TH ST
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	D
NAME	JONES, DONALD
STREET ADDRESS	7740 S.W. 13TH ST.
CITY - ST - ZIP	OKEECHOBEE FL
TITLE	D
NAME	KELCHNER, TED
STREET ADDRESS	7884 S.W. 13TH ST.
CITY - ST - ZIP	OKEECHOBEE FL
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	RICK CHARTIER	
1.3 STREET ADDRESS	7806 S.W. 9TH ST.	
1.4 CITY - ST - ZIP	OKEECHOBEE, FL. 34974	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVE CONLAN	
4.3 STREET ADDRESS	180 N.W. 3RD AVE.	
4.4 CITY - ST - ZIP	OKEECHOBEE, FL. 3497	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JON RUCKS	
5.3 STREET ADDRESS	7355 S.W. 13TH ST.	
5.4 CITY - ST - ZIP	OKEECHOBEE, FL. 34974	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NAND CORONA	
6.3 STREET ADDRESS	688 S.W. 13TH ST.	
6.4 CITY - ST - ZIP	OKEECHOBEE, FL. 34974	

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: *Richard D. Amnden, Sec./TREAS.* DATE *4/10/95* **813-763-1441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RICHARD D. AMSDEN**