

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 757797 (6)**  
1. Corporation Name  
**SUNSET STRIP AIRPARK PROPERTY OWNER'S ASSOCIATION, INC.**



Principal Place of Business: **C/O CHARTIER, RICH  
7806 S.W. 9TH ST.  
OKEECHOBEE FL 34974  
US**

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

3. Date Incorporated or Qualified: **04/30/1981**

3a. Date of Last Report: **04/14/1995**

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

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

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

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

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

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: Budovsky, Ruby  
82 Street Address (P.O. Box Number is Not Acceptable): 7626 S.W. 9 ST  
83 Okeechobee, FL  
84 City: Okeechobee, FL 85 Zip Code: 34974**

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]* STD Ruby D Budovsky Date: **2/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: CHARTIER, RICH STREET ADDRESS: 7806 SW 9TH ST CITY-ST-ZIP: OKEECHOBEE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: DONALDSON, LOAL STREET ADDRESS: 6681 SW 13TH ST CITY-ST-ZIP: OKEECHOBEE FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD	NAME: AMSDEN, RICHARD STREET ADDRESS: 6757 SW 13TH ST CITY-ST-ZIP: OKEECHOBEE FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: CONLON, DAVE STREET ADDRESS: 180 NW 3RD AVE CITY-ST-ZIP: OKEECHOBEE FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: RUCKS, JON STREET ADDRESS: 7355 SW 13TH ST CITY-ST-ZIP: OKEECHOBEE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: CORONA, NANO STREET ADDRESS: 688 SW 13TH ST CITY-ST-ZIP: OKEECHOBEE FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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: *[Signature]* STD Ruby D Budovsky Date: **2/12/96**

CR2E037 (12/95)