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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
C/O CHARTIER, RICH  
7806 S.W. 9TH ST.  
OKEECHOBEE FL 34974  
US  
P. O. BOX 82  
OKEECHOBEE FL 34973-0082  
US

3. Date Incorporated or Qualified 04/30/1981  
3a. Date of Last Report 03/07/1996

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	65-0174105	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUDOVSKY, RUBY  
7626 S.W. 9TH ST.  
OKEECHOBEE FL 34974

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: *Donald B. ...*  
Signed and typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 3/4/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHARTIER, RICH	
STREET ADDRESS	7806 SW 9TH ST	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DONALDSON, LOAL	
STREET ADDRESS	6681 SW 13TH ST	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BUDOVSKY, RUBY	
STREET ADDRESS	7626 SW 9TH ST.	
CITY - ST - ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONLON, DAVE	
STREET ADDRESS	180 NW 3RD AVE	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUCKS, JON	
STREET ADDRESS	7355 SW 13TH ST	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORONA, NANO	
STREET ADDRESS	688 SW 13TH ST	
CITY - ST - ZIP	OKEECHOBEE FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donaldson, Loal	
1.3 STREET ADDRESS	6681 SW 13th ST	
1.4 CITY - ST - ZIP	Okeechobee, FL 34974	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Conlon, Dave	
2.3 STREET ADDRESS	180 N.W. 3rd AVE	
2.4 CITY - ST - ZIP	Okeechobee, FL 34972	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Budovsky, Ruby	
3.3 STREET ADDRESS	7626 SW 9th ST	
3.4 CITY - ST - ZIP	Okeechobee, FL 34974	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Corona, Nano	
4.3 STREET ADDRESS	688 SW 13th ST	
4.4 CITY - ST - ZIP	Okeechobee, FL 34974	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Daniel Clements	
5.3 STREET ADDRESS	6680 SW 13th ST	
5.4 CITY - ST - ZIP	Okeechobee, FL 34974	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rick Chartier	
6.3 STREET ADDRESS	7806 SW 9th ST	
6.4 CITY - ST - ZIP	Okeechobee, FL 34974	

14. I do 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: *Donald B. ...* REQUIRED

DATE: 3/4/97

CFR2E037 (9/96)