

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 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 # 757797 (6)
1. Corporation Name
SUNSET STRIP AIRPARK PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business C/O CHARTIER, RICK 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	
4. FEI Number 65-0174105	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Ruby Budovsky Suite, Apt. #, etc. 22 7626 SW 9th St City & State 23 Okeechobee, FL Zip 24 34974	2a. Mailing Address 26 P.O. Box 92 7626 SW 9th St Suite, Apt. #, etc. 27 City & State 28 Okeechobee, FL Zip 29 34973	Country 25 USA	Country 30 USA
--	--	-------------------	-------------------

9. Name and Address of Current Registered Agent
BUDOVSKY, RUBY
7626 S.W. 9TH 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 SW 9th St
83 Okeechobee, FL
84 City
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]* DATE: 4/27/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, LOAL	1.2 NAME	SAME
STREET ADDRESS	6681 S.W. 13TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONLON, DAVE	2.2 NAME	VD Striebel, Otto
STREET ADDRESS	180 N.W. 3RD AVE.	2.3 STREET ADDRESS	P.O. Box 128
CITY-ST-ZIP	OKEECHOBEE FL	2.4 CITY-ST-ZIP	Okeechobee, FL 34973
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDOVSKY, RUBY	3.2 NAME	SAME
STREET ADDRESS	7626 SW 9TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORONA, NANO	4.2 NAME	SAME
STREET ADDRESS	668 S.W. 13TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, DANIEL	5.2 NAME	SAME
STREET ADDRESS	6680 S.W. 13TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARTIER, RICK	6.2 NAME	Parnis, Sanford
STREET ADDRESS	7806 S.W. 9TH ST.	6.3 STREET ADDRESS	6740 SW 9th St
CITY-ST-ZIP	OKEECHOBEE FL	6.4 CITY-ST-ZIP	Okeechobee, FL 34974

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: *[Signature]* DATE: 4/15/98

CR2E037 (10/97)