2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #763503** Entity Name

FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90219 025 ****61.25

INC.	SUN COI	NDOMINIUM OWN	ERS ASSOCIATION	l,								
Principal Place of Business 500 N FRANCISCO STREET CLEWISTON, FL 33440 Mailing Address 500 N FRANCISC CLEWISTON, FL 33440 CLEWISTON, FL 3							60001689					
Principal Place of Business - No P.O. Box # Mailing Addres				iress								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01052007	Chg-NP		R2E037		
City & State			City & State				4. FEI Number Applied For 59-2491453 Not Applied For					
Zip		Country	Zip	Cour	ntry		5. Certificate	of Status Desi	red [8.75 Ad ee Require	
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of N	lew Regis	tered Ag	ent	
HENDRY, 606 W. SU CLEWISTO	JGARLAN				Name Street A	ddress (F	P.O. Box Numbe	er is Not Accep	otable)	-		
		***			City					FL	Zip Cod	ie
8. The above	named entit	ty submits this statement fo	r the purpose of changing its	registered	d office or	r reaister	ed agent, or bot	th. in the State	of Florida.	Lam far	l niliar with	and accept
the obligat	tions of regis	stered agent.		ŭ		J	3 .					, and doop!
SIGNATURE .		d or printed name of registered agent	and title if applicable (NOT	F: Registered	Agent signati	uro ragumad						
		- contract of the contract of	(10)	L. riegisieleu	- general	ure required	wien renstating)			DATE		
	_	ee is \$61.25; 7 Way 1, 2007	9. Election Car Trust Fund (mpaign Fir	nancing		\$5.00 May 8 Added to Fees	le	Make Florida i	check p	payable the	
10.	_	e is \$61.25∵√	9. Election Car Trust Fund (mpaign Fir	nancing		\$5.00 May B Added to Fees		Florida i	check p Departm	ent of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURST, I	oe is \$61.25:7 May 1, 2007 OFFICERS AND DIF	9. Election Car Trust Fund (mpaign Fir Contribution 11. TITLE NAME STREE	nancing	Opr.	\$5.00 May B Added to Fees	ANGES TO OF	FIORIDA I	check popertments	ent of S	State
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indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

217 620 3045