


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J01917 (0) 1. Corporation Name SUNSET LAKE PARK RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 2520 SUNSET POINT RD. LOT #9 CLEARWATER FL 34625		Mailing Address 2520 SUNSET POINT RD. LOT #9 CLEARWATER FL 34625-1567			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1986	
21 Suite Apt #, etc.		26 Suite Apt #, etc.		4. FEI Number 59-2644941	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EVERER, ADA 2520 SUNSET POINT RD #47 CLEARWATER FL 34625				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
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 607.0505, Florida Statutes.					
SIGNATURE ADA L. EVERER				DATE 4-14-97	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME HERMAN, MARGARET			1.2 NAME Eugene Beittian		
STREET ADDRESS 2520 SUNSET PT. RD. #9			1.3 STREET ADDRESS 2520 SUNSET Point Rd. #86		
CITY-ST-ZIP CLEARWATER FL			1.4 CITY-ST-ZIP Clearwater, FL 34625		
TITLE V <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME EVERER, FRANK			2.2 NAME		
STREET ADDRESS 2520 SUNSET PT. RD #47			2.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER FL			2.4 CITY-ST-ZIP		
TITLE ST <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME EVERER, ADA			3.2 NAME		
STREET ADDRESS 2520 SUNSET PT. RD #47			3.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER FL 34625			3.4 CITY-ST-ZIP		
TITLE BM <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME TOLBERT, MAJOR			4.2 NAME		
STREET ADDRESS 2520 SUNSET PT. RD, #30			4.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER FL			4.4 CITY-ST-ZIP		
TITLE BM <input checked="" type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME OSMULSKI, MARIE L.			5.2 NAME		
STREET ADDRESS 2520 SUNSET PT. RD #73			5.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER FL			5.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME GIBSON, JEAN			6.2 NAME		
STREET ADDRESS 2520 SUNSET PT. RD. #54			6.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER FL 34625			6.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: ADA L. EVERER <i>Ada L. Everer</i> 4-14-97 813-725-4715					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)