

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L06085** (9)
1. Corporation Name
SUNSET LAKES LAND DEVELOPMENT CORPORATION



Principal Place of Business
**1115 E. LIVINGSTON STREET
ORLANDO FL 32803**

Mailing Address
**797 PINE TREE RD
WINTER PARK FL 32789
US**

2. Principal Place of Business
21 **PO BOX 4429**
Suite, Apt. #, etc.
22
City & State
23 **WINTER PARK FL**
Zip
24 **32793** Country
25 **ORANGE**

2a. Mailing Address
26 **P.O. Box 4429**
Suite, Apt. #, etc.
27
City & State
28 **WINTER PARK FL**
Zip
29 **32793** Country
30 **ORANGE**

3. Date Incorporated or Qualified
08/02/1989

3a. Date of Last Report
04/13/1995

4. FEI Number
59-2962888

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

9. Name and Address of Current Registered Agent
**PETERSON, JON C. S
797 PINE TREE RD.
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81 Name **Linda WINGFIELD**
82 Street Address (P.O. Box Number is Not Acceptable)
4241 Benedictine Circle
83
84 City **ORLANDO** FL 85 Zip Code **32812**

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: *Linda Wingfield* **LINDA WINGFIELD** **3/20/94**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when removing agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PDST PETERSON, JON C. S	1.2 NAME	
STREET ADDRESS	797 PINE TREE RD.	1.3 STREET ADDRESS	PO BOX 4429
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	WINTER PARK FL 32793
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP GRANT DOWNING	2.2 NAME	
STREET ADDRESS	PO BOX 1984	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32790	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jon C. Peterson* **JON C. Peterson** **3/22/94** **(407) 894-2515**
(Signature typed or printed name of signing officer or director)

CR2E034 (12/95)