

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90030 026 ****70.00

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1. Entity Name
SUNSET LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**20225 COUNTY RD 33
GROVELAND, FL 34736**

Mailing Address
**P.O. BOX 331
OKAHUMPKA, FL 34762**

40064601



03122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681581

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRAVERS, LELANI
7218 CR 48
YALAHUA, FL 34797**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRAVERS, JOHN W
STREET ADDRESS	P.O. BOX 331
CITY-ST-ZIP	OKAHUMPKA, FL 34762
TITLE	D
NAME	TRAVERS, LELANI G
STREET ADDRESS	P.O. BOX 331
CITY-ST-ZIP	OKAHUMPKA, FL 34762
TITLE	D
NAME	TRAVERS, CHRISTOPHER W
STREET ADDRESS	7218 CR 48
CITY-ST-ZIP	YALAHUA, FL 34797
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 352-424-9027
Date Daytime Phone #