


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

102

DOCUMENT # N02000008311		
1. Entity Name SUNSET VILLAS III HOMEOWNERS ASSOCIATION, INC.		

FILED

07 SEP -5 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7506 THOMAS DRIVE PANAMA CITY BEACH, FL 32407	Mailing Address 319 WILLOW GLENN MARIETTA, GA 30068
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT 06-07
4. FEI Number 04-3739946
Applied For Not Applicable

WOP

6. Name and Address of Current Registered Agent TATE, DEBBIE 7508 THOMAS DRIVE PANAMA CITY, FL 32408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TATE, DEBBIE P.O. BOX 9946 PANAMA CITY, FL 32417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 07/21/06 60090 016 \$70.00 (\$67.00) 800109595938 09/18/07--01069--016 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, SHEILA 1219 HIGHWAY 91 NORTH COLQUITT, GA 39837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREUND, DONNA 319 WILLOW GLENN DRIVE MARIETTA, GA 30068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donna Freund 7/30/07 7707925117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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To whom it may concern

I received a letter of dissolution or revocation for the Sunset Villas III Homeowners Association Inc.'s 2006 status. Please find enclosed a copy of my credit card statement showing a payment for the 2006 fees on the 18th of July 2006. As per my conversation with you yesterday the 9th of July 9, 2007 I have enclosed a check for \$61.25 to cover this year's fee.

If you need to contact me the phone number is 770-792-5117 during normal business hours or 770-823-8711 after 5 pm East coast time.

Thank you for your attention to this matter.

Donna Freund

Treasurer

Sunset Villas III

319 Willow Glen Dr.

Marietta Ga. 30068