

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000008882

1. Entity Name
SUNSET VILLAS II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
515 EVERGREEN ST.
UNIT A
PANAMA CITY BEACH, FL 32407

Mailing Address
204 PEBBLE CREEK LANE
ENTERPRISE, AL 36330



04062005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2085399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEHL, BRIAN J
515 EVERGREEN ST.
UNIT A
PANAMA CITY BEACH, FL 32407

**DO NOT WRITE
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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEHL, BRIAN J 515-A EVERGREEN ST. PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARROW, KEITH R 204 PEBBLE CREEK LANE ENTERPRISE, AL 36330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, JEFFREY 251 LULAVILLE ROAD FITZGERALD, GA 31750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAILEY, TANSZY 65 DEER RUN LANE MCDONOUGH, GA 30252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEHL, BRIAN J 515-A EVERGREEN ST. PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DARROW, SHERYL L 204 PEBBLE CREEK LANE ENTERPRISE, AL 36330

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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

5 April 05

Date

334-393-7193

Daytime Phone #