


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90050 013 \*\*\*\*61.25

<b>DOCUMENT # N03000001430</b>			
1. Entity Name <b>SUN KIST PROPERTY OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>1206 N PEBBLE BCH BLVD SUN CITY CENTER FL 33573</b>		Mailing Address <b>1206 N PEBBLE BCH BLVD SUN CITY CENTER FL 33573</b>	
2. Principal Place of Business		3. Mailing Address <b>311 AUGUSTA DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>FL</b>	
Zip		Zip <b>33573</b>	
Country		Country <b>HILLSBOROUGH</b>	
6. Name and Address of Current Registered Agent <b>HINES, JAMES P JR 315 S HYDE PK AVE TAMPA FL 33606</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>GREENLEAF, ELIZABETH</del> 1206 N PEBBLE BCH BLVD SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DIANE OWENS</b> 1208 N PEBBLE BEACH SUN CITY CENTER, FL 33573 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PEYTON, BEATRICE 1104 N PEBBLE BCH BLVD SUN CITY CENTER FL 33573 <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	SD CLAPP, JUDITH 1106 N PEBBLE BCH BLVD SUN CITY CENTER FL 33573 <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	VA <b>BETTY M. DEYO</b> 1206 N. PEBBLE BEACH SUN CITY CENTER, FL 33573 <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
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



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1463900** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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:** Betty M. Deyo 7/19/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

ATTACHMENT

*Mailed*

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

*will receive a  
form by mail  
allow 28  
days  
processing  
time*

*50058088 July 5, 05*  
*#N03000001430*

## NOTICE OF INTENT TO DISSOLVE

0266306 01 AT 0.183 \*\*\*AUTO TO 0 1203 33573-53306



SUN KIST PROPERTY OWNERS' ASSOCIATION, INC.  
1206 N PEBBLE BCH BLVD  
SUN CITY CENTER FL 33573-5335

### OPTION 3 - Receive a form by mail - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

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1206 N PEBBLE BCH BLVD  
SUN CITY CENTER FL 33573-5335

811 AUGUSTA DR  
SUN CITY CENTER, FL 33573



CR2E095-2nd 03/05