## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90354 032 \*\*\*\*61.25

DOCUMENT	# N0300000222	26



SUN LAK KISSIMM	E CONDOMINIUM ASSOCIA	ATION OF					
Principal Place 7836 W IRLO KISSIMMEE, I	Bronson Hwy	Mailing Address 7836 W IRŁO BRONSON I KISSIMMEE, FL 34747	HWY	\$ UUU T	<b></b>		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt.	- N. IRIO Browson Hu #. etc.	Suite, Apt. #, etc.	O DIONSOL	0.4000000	hg-NP CR2E037 (12/0	96)	
City & State	mmee, FL	City & State Kissimme		4. FEI Number 06-168978	36	Applied For Not Applicable	
347	· · · · · · · · · · · · · · · · · · ·	34747	Country U.S.	5. Certificate of S	Fee Rec	Additional prired	
CHEN, GE		egistered Agent	Name Street A	Villiam PER ddress (P.O. Box Number is	PEPCHVIL Not Accordable		
	LO BRONSON HWY EE, FL 34747			TEL Zip Code 3 4747			
			City	(issimmee	FL Zip	Code イクイク	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registered agent, or both, in	the State of Florida. I am familiar v	vith, and accept	
SIGNATURE .	Millson, feet	dule d applicable. (NOTE: F	Registered Agent signer	are required when reinszaing)	4/23/08 SATE	<del>-</del>	
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign File Trust Fund Contribution							
				\$5.00 May Be Added to Fees	Make check payab Florida Department o		
10.		Trust Fund Cor		ADDITIONS/CHANG	]	of State	
TITLE	Due by May 1, 2008  OFFICERS AND DIRE	Trust Fund Cor	ntribution.  11.  TITLE	ADDITIONS/CHANG	Florida Department of ES TO OFFICERS AND DIRECTOR	of State	
TITLE NAME	Due by May 1, 2008  OFFICERS AND DIRE  DP  CHEN, GEORGE	Trust Fund Col	ntribution.  11.  TITLE NAME	ADDITIONS/CHANG	Florida Department of ES TO OFFICERS AND DIRECTOR	of State	
TITLE	Due by May 1, 2008  OFFICERS AND DIRE	Trust Fund Col	ntribution.  11.  TITLE	ADDITIONS/CHANG	Florida Department of ES TO OFFICERS AND DIRECTOR	of State	
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of the corporation of the receiver of 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