

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90186 045 ****61.25

DOCUMENT # N10381

1. Entity Name
**SANS SOUCI SUNHOMES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**4618 LAFAYETTE AVE
SEBRING, FL 33875-5219**

Mailing Address
**4618 LAFAYETTE AVE
SEBRING, FL 33875-5219**

40054730



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2604846

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

**HARRIS, DEVRA E
4618 LAFAYETTE AVE
SEBRING, FL 33875**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KUNNECKE, ELIZABETH	
STREET ADDRESS	4620 LAFAYETTE AVE.	
CITY - ST - ZIP	SEBRING, FL 33875	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, JANET	
STREET ADDRESS	4614 LAFAYETTE AVE.	
CITY - ST - ZIP	SEBRING, FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	POELSTRA, NANCY	
STREET ADDRESS	4616 LAFAYETTE AVE	
CITY - ST - ZIP	SEBRING, FL 33872	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, DEVRA E	
STREET ADDRESS	4618 LAFAYETTE AVE	
CITY - ST - ZIP	SEBRING, FL 338755219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: *Devra E Harris* **Devra E Harris** 4-18-06 (863) 385-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #