2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N10381

1. Entity Name SANS SOUCI SUNHOMES HOMEOWNERS



FILED

Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90333 020 ****61.25

ASSOCIA	TION, INC.			auun	. (4. 1 1. 1		
		Mailing Address 4618 LAFAYETTE AVE SEBRING, FL 33875-52	219	4000	4101		
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007 Chq	g-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number Applied For 59-2604846 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta	- \$8.75 Additio	•	
	6. Name and Address of Current			7. Name and Addr	ess of New Registered Agent		
HARRIS, DEVRA E			Name				
4618 LAFAYETTE AVE SEBRING, FL 33875			Street Address	ddress (P.O. Box Number is Not Acceptable)			
OLDINITO,	12 00070						
			City		FL Zip Code		
	named entity submits this statement fi	or the purpose of changing its	registered office or registe	ered agent, or both, in the	he State of Florida. I am familiar with, and	d accept	
inc conge							
SIGNATURE .	Signature, typed or printed name of registered ager	st and title of applicable (NOTE	Registered Agent signature require	ad what reinetstant)	DATE		
	Signature, typed or printed name or registered ager	ң ала рие и аррисаоте. (NOTE	registered Agent signature reduite	ed when removability	DATE		
Filing Fee is \$61.25 Due by May 1, 2007							
	•	9. Election Carr Trust Fund C	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	ė	
10.	•	Trust Fund C		Added to Fees			
10. TITLE	OFFICERS AND D	Trust Fund C	ontribution.	Added to Fees	Florida Department of State S TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	OFFICERS AND D D KUNNECKE, ELIZABETH	Trust Fund C	11. TITLE NAME	Added to Fees	Florida Department of State S TO OFFICERS AND DIRECTORS IN 10)	
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TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND D KUNNECKE, ELIZABETH 4620 LAFAYETTE AVE. SEBRING, FL 33875	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Department of State S TO OFFICERS AND DIRECTORS IN 10	Addition	
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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: §