


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

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90044 006 ****61.25

DOCUMENT # N19267
 1. Entity Name
SUNVIEW PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
902 SUN KEY CT **PO BOX 5723**
SUN CITY CENTER FL 33573 **SUN CITY CENTER FL 33571-5723**
US **US**

50012296



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2869950 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, LUCILLE A
911 SUN KEY COURT
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent
 Name **NANCY L. WYRICK**
 Street Address (P.O. Box Number is Not Acceptable) **920 DEL WEBB BLVD. EAST**
 City **SUN CITY CENTER FL** Zip Code **33573**

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 *Nancy L. Wyrick* DATE **2/01/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	P VAIL, RICHARD 901 SUN KEY COURT SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATYI, DIANE 914 DEL WEBB EAST SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, LOU 911 SUN KEY COURT SUN CITY CENTER FL 33578 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, LOU 911 SUN KEY COURT SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, JACK 902 SUN KEY CT. SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOONEYAN, ESTHER 916 SUN KEY COURT SUN CITY CENTER FL 33573 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DUNCAN, JACK 902 SUN KEY COURT SUN CITY CTR, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SANZALONE, EDWARD 924 DEL WEBB BLVD. E SUN CITY CTR, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NANCY WYRICK 920 DEL WEBB BLVD. E. SUN CITY CTR, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NANCY WYRICK 920 DEL WEBB BLVD E. SUN CITY CTR, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHNSON, JOAN 911 SUN KEY COURT SUN CITY CTR, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MULCAHY, KATHLEEN 916 DEL WEBB BLVD SUN CITY CTR, FL 33573

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: *Nancy L. Wyrick* **NANCY L. WYRICK** **2/3/05** **813/633-1483**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #