


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90024 007 \*\*\*\*61.25

**DOCUMENT # N19267**

1. Entity Name  
**SUNVIEW PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**902 SUN KEY CT**  
**SUN CITY CENTER, FL 33573 US**

Mailing Address  
**PO BOX 5723**  
**SUN CITY CENTER, FL 33571-5723 US**

2. Principal Place of Business  
**909 Sun Key Ct**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Sun City Center, FL**

Zip  
**33573**

Country  
**US**

4. FEI Number  
**59-2869950**

Applied For  
 Not Applicable

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

07042006 Chg-NP CR2E037 (4/06)



6. Name and Address of Current Registered Agent

**WYRICK, NANCY L**  
**920 DEL WEBB BLVD EAST**  
**SUN CITY CENTER, FL 33573**

7. Name and Address of New Registered Agent

Name  
**CONNOLLY, THOMAS J**

Street Address (P.O. Box Number is Not Acceptable)  
**909 SUN KEY COURT**

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 *Thomas J Connolly* (NOTE: Registered Agent signature required when reinstating) DATE 7/5/06

**Filing Fee is \$61.25**  
**Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VAIL, RICHARD</b> <b>901 SUN KEY COURT</b> <b>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MATYI, DIANE</b> <b>914 DEL WEBB EAST</b> <b>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JOHNSON, LOU</b> <b>911 SUN KEY COURT</b> <b>SUN CITY CENTER, FL 33578</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>JOHNSON, LOU</b> <b>911 SUN KEY COURT</b> <b>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DUNCAN, JACK</b> <b>902 SUN KEY CT.</b> <b>SUN CITY CENTER, FL 33573</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOONEYNAN, ESTHER</b> <b>916 SUN KEY COURT</b> <b>SUN CITY CENTER, FL 33573</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SANZALONE, EDWARD</b> <b>924 DEL WEBB BLVD EAST</b> <b>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SLAVENS, THOMAS</b> <b>908 DEL WEBB BLVD EAST</b> <b>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CONNOLLY, THOMAS</b> <b>909 SUN KEY CT.</b> <b>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MATYI, DIANE</b> <b>914 DEL WEBB BLVD EAST</b> <b>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Thomas J Connolly* **THOMAS J CONNOLLY - TREAS.** DATE 7/5/06 DAYTIME PHONE # 813-633-9167