

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19267

FILED
Apr 23, 2009
Secretary of State

Entity Name: SUNVIEW PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

909 SUN KEY CT
SUN CITY CENTER, FL 33573 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5723
SUN CITY CENTER, FL 335715723 US

New Mailing Address:

FEI Number: 59-2869950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOLLY, THOMAS J
909 SUN KEY COURT
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

CROXDALE, MADELINE
910 SUN KEY CT
SUN CITY CENTER, FL 33573 US

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.

SIGNATURE: MADELINE CROXDALE

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANZALONE, EDWARD
Address: 924 DEL WEBB BLVD EAST
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ST () Delete
Name: KUHN, UTA
Address: 914 SUN KEY CT.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP () Delete
Name: SLAVENS, THOMAS
Address: 905 DEL WEBB BLVD EAST
City-St-Zip: SUN CITY CENTER, FL 33573

Title: T () Delete
Name: CONNOLLY, THOMAS
Address: 909 SUN KEY CT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: P () Delete
Name: DUNCAN, JACK
Address: 902 SUN KEY CT.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D (X) Delete
Name: MOONEYAN, ESTHER
Address: 916 SUN KEY COURT
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CROXDALE, MADELINE
Address: 910 SUN KEY CT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELINE CROXDALE

T

04/23/2009

Electronic Signature of Signing Officer or Director

Date