

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27824** (4)

1. Corporation Name

SUNSET VILLAGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% TIMOTHY M. CRAVER
1275 S. PATRICK DR., STE.C
SATELLITE BEACH FL 32937

% TIMOTHY M. CRAVER
1275 S. PATRICK DR., STE.C
SATELLITE BEACH FL 32937



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAVER, TIMOTHY M.
1275 S. PATRICK DR.
SUITE C
SATELLITE BEACH FL 32937

81 Name **Richard E. Smith**

82 Street Address (P.O. Box Number is Not Acceptable)
1275 S. Patrick Dr.

83 Suite C

84 City **Satellite Beach**

FL 85 Zip Code **32937**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Richard E. Smith*
Signature, typed or printed name of registered agent and title if applicable

Richard E. Smith PD
(NOTE: Registered Agent signature required when reinstating)

6/10/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **SMITH, RICHARD E.**
STREET ADDRESS **1275 S. PATRICK DR. STE.C**
CITY - ST - ZIP **SATELLITE BEACH FL**

TITLE **SD** ☒ DELETE
NAME **CRAVER, TIMOTHY M.**
STREET ADDRESS **1275 S. PATRICK DR. STE.C**
CITY - ST - ZIP **SATELLITE BEACH FL**

TITLE **TD** ☒ DELETE
NAME **SMITH, RICHARD EBEN**
STREET ADDRESS **1275 S. PATRICK DR. STE.C**
CITY - ST - ZIP **SATELLITE BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martha C. Smith* **Martha C. Smith SD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96
Date

407-773-8647
Daytime Phone #