## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name N33737 (0)

**FILED** May 11 1998 8:00am Secretary of State

SUNSET CAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			A TOUTRAL BOOK ALIDO THIN HOUDD WHILE HOUR BROKE GLORE GROUN
4483 SUNSET CAY CIRCLE BOYNTON BEACH FL 33437 US  1916 BOOTHE CIRCLE LONGWOOD FL 32750					3. Date Incorporated or Qualified  08/15/1989  4. FEI Number Applied For  59-3303143 Not Applicable
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired \$3.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Fee Required
22		27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		28			Yes No
Zip 24	Country 25	Zip <b>29</b>	Country 30		This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30. Yes X No
24]	9. Name and Address of Curre		1301		10. Name and Address of New Registered Agent
			81	Name	
ZABEL, JON			82	Street A	Address (P.O. Box Number is Not Acceptable)
1916 BOOTHE CIR. LONGWOOD FL 32750			83		
4	000 12 02.00		84	City	■■ 85 Zip Code
44 Dureugnt	to the provincions of Sections 617.05	500 and 617 1508 Florida Statut	too the above	nomed (	
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	Signature, typed or printed name of registered a	gent and tille II applicable. (NO?	E: Registered Age	nt signature r	e required when reinstating) DATE
12.	<del></del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		DS Change Addition
NAME	TYE, ARTHUR		1.2 NAME		WILSON, ROBIN C.
STREET ADDRESS	1916 BOOTHE CIRCLE		1.3 \$TREET	ADDRESS	1916 BOOT'IE CIRCLE
CITY-ST-ZIP			1.4 CITY - ST	T-ZIP	LONGWOOD, FL 32750
TITLE	DP	DELETE	2.1 TITLE	-	Change Addition
NAME	ZABEL, JON		2.2 NAME		
STREET ADDRESS	1916 BOOTHE CIR.		2.3 STREET		
CITY-ST-ZIP TITLE	LONGWOOD FL DV	DELETE	2. 4 CITY-S 3.1 TITLE	it-ZiP	Change Addition
NAME	TROTTER, CLAY B	□ ptreit	3.1 THEE	1	יישי מוניים
STREET ADDRESS	1916 BOOTHE CIRCLE		3.3 STREET	ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		3.4. CITY-S		
TITLE	DS	X DELETE	41 TITLE	H-24	☐ Change ☐ Addition
NAME	ABERNATHY, JIM		4. 2 NAME		
STREET ADDRESS	1916 BOOTHE CIRCLE		4.3 STREET	ADDRESS	,
CITY-ST-ZIP	LONGWOOD FL 32750		4.4 CITY - ST	T-ZIP	
TITLE		DELETE	5.1 TITLE		☐ Chylinge ☐ Addition
NAME			5.2 NAME		\( \lambda \)
STREET ADDRESS			5.3 STREET	ADDRESS	7/1 2/ 11
CITY-ST-ZIP			5.4 CITY-ST	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE	. 1	Charlinge Addition
NAME			6.2 NAME		400002523 <b>874</b> -05/14/9801098004
STREET ADDRESS			6.3 STREET	AD THE SE	-05/14/3801038004

14. 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 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 changes for an attachment with an address.

CITY-ST-ZIP

4/30/98 407 831-3811