FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90040 010 ****70.00

* 5 6 8 0 5 0 *
568050 - 90040 - 10

DOCUMENT # N33737

1. Corporation Name
SUNSET CAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4483 SUNSET CAY CIRCLE BOYNTON BEACH FL 33437 US	1916 BOOTHE CIRCLE LONGWOOD FL 32750

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/15/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3303143 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ZABEL, JON
1916 BOOTHE CIR.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TYE, ARTHUR		1.2 NAME	
STREET ADDRESS	1916 BOOTHE CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZABEL, JON		2.2 NAME	
STREET ADDRESS	1916 BOOTHE CIR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		2. 4 CITY-ST-ZIP	
TITLE	OV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TROTTER, CLAY B		3.2 NAME	
STREET ADDRESS	1916 BOOTHE CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		3.4. CITY-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, ROBIN C		4. 2 NAME	
STREET ADDRESS	1916 BOOTHE CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan Tye REQUIRED — 6/4/99 — 407-831-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)