FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N39534 (5)

1. Corporation Name

SUN HAVEN UNIT NO. 6 LAKE ASSN., INC.

Principal Place of Business	Mailing Address
5415 NUTMEG AVE SARASOTA FL 34231 US	5415 NUTMEG AVE SARASOTA FL 34231 US

3. Date Incorporated or Qualified: 08/13/1990
3a. Date of Last Report: 02/02/1994
4. FEI Number: 65-0187506 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5415 Nutmeg Avenue	26 5415 Nutmeg Avnue
Suite, Apt. #, etc: 22 n/a	Suite, Apt. #, etc: 27 n/a
City & State: 23 Sarasota, Florida	City & State: 28 Sarasota, Florica
Zip: 24 34231 Country: 25 USA	Zip: 29 34231 Country: 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOWER, VIOLA M.
5415 NUTMEG AVE
SARASOTA FL 34231

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Viola M. Sower 4/27/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BOWMAN, DEE ANN	1.2 NAME	
STREET ADDRESS	3112 ARAPAHO STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	1.4 CITY, ST, ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEMAY, NANCY S.	2.2 NAME	
STREET ADDRESS	5420 S. LOCKWOOD RIDGE	2.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	2.4 CITY, ST, ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	DOSS, KATHLEEN A.	3.2 NAME	
STREET ADDRESS	5436 S. LOCKWOOD RIDGE	3.3 STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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 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: Kathleen A. Doss 4/27/95 813-917-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathleen A. Doss, Vice President

0018187