


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39534</b> 1. Entity Name SUN HAVEN UNIT NO. 6 LAKE ASSN., INC.	
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Principal Place of Business %NANCY S. LEMAY 5420 S. LOCKWOOD RIDGE ROAD SARASOTA, FL 34231 US	Mailing Address %NANCY S. LEMAY 5420 S. LOCKWOOD RIDGE ROAD SARASOTA, FL 34231 US
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**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0187506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  DOSS, KATHLEEN A 5436 SOUTH LOCKWOOD RIDGE ROAD SARASOTA, FL 34231
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE: <u>Kathleen A. Doss</u> DATE: <u>4/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOSS, KATHLEEN A 5436 S. LOCKWOOD RIDGE RD. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEMAY, NANCY S. 5420 S. LOCKWOOD RIDGE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STINSON, NANCY 3106 ARAPAHO STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/04-60118-012 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: <u>Kathleen A. Doss</u> DATE: <u>4/14/04</u> DAYTIME PHONE #: <u>941-921-2048</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

KATHLEEN A. DOSS