

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90174 024 ****61.25

DOCUMENT # N39534

1. Entity Name
SUN HAVEN UNIT NO. 6 LAKE ASSN., INC.



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

14003777



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0187506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOSS, KATHLEEN A
5436 SOUTH LOCKWOOD RIDGE ROAD
SARASOTA, FL 34231

**DO NOT WRITE
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

Kathleen A. Doss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DOSS, KATHLEEN A
STREET ADDRESS 5436 S. LOCKWOOD RIDGE RD.
CITY-ST-ZIP SARASOTA, FL 34231

TITLE STD
NAME LEMAY, NANCY S.
STREET ADDRESS 5420 S. LOCKWOOD RIDGE
CITY-ST-ZIP SARASOTA, FL

TITLE VPD
NAME STINSON, NANCY
STREET ADDRESS 3106 ARAPAHO STREET
CITY-ST-ZIP 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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IN THIS SPACE**

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:

Kathleen A. Doss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05

Date

941-921-

Daytime Phone #

2048