

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49181 (3)

1. Corporation Name

SUNSET POND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

251 SOUTH POND RD
MT DORA FL 32757
US

251 SOUTH POND RD
MT DORA FL 32757
US

3. Date Incorporated or Qualified
06/01/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 335 S Pond Road

26 335 S Pond Rd.

4. FEI Number

59-3162159

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

32757

US

32757

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, ROBERT
251 S POND RD
MT DORA FL 32757

81 Name

ALTIER, JULIAN

82 Street Address (P.O. Box Number is Not Acceptable)

335 S. Pond Road

83

84 City

MT. DORA

FL

85 Zip Code

32757

14. 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, whereby 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/96

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	NELSON, ROBERT	
STREET ADDRESS	251 SOUTH POND RD.	
CITY-ST-ZIP	MT. DORA FL	
TITLE	DST	☐ DELETE
NAME	CODDING, FLORENCE	
STREET ADDRESS	379 SOUTH POND RD.	
CITY-ST-ZIP	MT DORA FL	
TITLE	DV	☒ DELETE
NAME	BEBBER, CLAIRE	
STREET ADDRESS	201 SOUTH POND RD.	
CITY-ST-ZIP	MT DORA FL	
TITLE	D	☐ DELETE
NAME	YOKEL, FRAN	
STREET ADDRESS	291 SOUTH POND RD.	
CITY-ST-ZIP	MT. DORA FL	
TITLE	D	☐ DELETE
NAME	WAGNER, BEVERLY B.	
STREET ADDRESS	101 POND DR.	
CITY-ST-ZIP	MT. DORA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	ALTIER, JULIAN	
1.3 STREET ADDRESS	335 S. Pond Rd.	
1.4 CITY-ST-ZIP	MT. DORA, FL. 32757	
2.1 TITLE	D S	☒ Change ☐ Addition
2.2 NAME	Coddington, Florence	
2.3 STREET ADDRESS	379 S. Pond Road	
2.4 CITY-ST-ZIP	MT. DORA, FL. 32757	
3.1 TITLE	DV	☒ Change ☐ Addition
3.2 NAME	Gingerich, PHIL	
3.3 STREET ADDRESS	357 S. Pond Rd	
3.4 CITY-ST-ZIP	MT. DORA, FL. 32757	
4.1 TITLE	DT	☒ Change ☐ Addition
4.2 NAME	Yokel, FRAN	
4.3 STREET ADDRESS	119 S Pond Rd	
4.4 CITY-ST-ZIP	MT. DORA, FL. 32757	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 (352) 383-3482

CR2E037 (12/95)