## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

Aug 22 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham annual report Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # N49181 SUNSET POND HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 335 S FOND ROAD 335 \$ POND ROAD MT DORA FL 32757 MT DORA FL 32757 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1992 03/05/1996 2. Principal Place of Business 21 123 Pond Rd 4. FEI Number Mailing Address
123 Paud Applied For 59-3162159 Not Applicable \$8.75 Additional Sulte, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Mt. Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 29 32767 us Personal Property Tax due June 30. Yes **✓** No 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 John W. Askew ALTIER, JULIAN Street Address (P.O. Box Number is Not Acceptable) 82 335 S POND RD 83 MT DORA FL 32757 84 City Zip Code Mt. Dova 32757 Pursuant to the provisions of \$1000 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or by hin 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 a provided by the option of 17.0503, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VD DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE John W. Askew **ALTIER, JULIAN** NAME 1.2 NAME 335 S POND RD 123 Pond Rd. 1.3 STREET ADDRESS STREET ADDRESS **DT. DORA FL 32757** Mt. Dova FL 32757 1.4 CITY - ST-ZIP CITY-ST-ZIP Change DELETE \_\_\_ Addition TITLE 21 TITLE Bernard J. Yokel **CODDING. FLORENCE** NAME 2.2 NAME 313 Pond Rd. 379 SOUTH POND RD. STREET ADDRESS 2.3 STREET ADDRESS MT DORA FL Mt. Dava, FL 32757 CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DΛ DELETE 31 TITLE TITLE Kathy Yangey **GINGERICH, PHIL** NAME 3.2 NAME 357 S POND RD STREET ADDRESS 3.3 STREET ADDRESS Mt. Dova, FL 32757 MT DORA FL 32757 CITY-SY-ZIP 3.4. CITY-ST-ZIP DELETÉ TITLE ĎĪ 4.1 TITLE Addition Evances E. Yokel NAME YOKEL, FRAN 4. 2 NAME 313 Pond Rd. 291 SOUTH POND RD. 4.3 STREET ADDRESS STREET ADDRESS Mt. Dora MT. DORA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE WAGNER, BEVERLY B. 5.2 NAME NAME 101 POND DR. STREET ADDRESS **5.3 STREET ADDRESS** MT. DORA FL 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

information indicated on this armual 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 empressed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with praddress.

FILED