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Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **N49181** **(3)**

1. Corporation Name

**SUNSET POND HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 123 POND RD<br>MT DORA FL 32757<br>US | 123 POND RD<br>MT DORA FL 32757<br>US |

3. Date Incorporated or Qualified: 06/01/1992

4. FEI Number: 59-3162159 ☐ Applied For ☐ Not Applicable

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. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

ASKEW, JOHN W
123 POND RD
MT DORA FL 32757

**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 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DP | ☐ DELETE | 1.1 TITLE | DP | ☐ Change ☐ Addition |
| NAME | ASKEW, JOHN W | | 1.2 NAME | John W. Askew | |
| STREET ADDRESS | 123 POND RD | | 1.3 STREET ADDRESS | 123 Pond Rd. | |
| CITY-ST-ZIP | MT. DORA FL | | 1.4 CITY-ST-ZIP | Mt Dora FL 32757 | |
| TITLE | DV | ☐ DELETE | 2.1 TITLE | DV | ☑ Change ☐ Addition |
| NAME | YOKEL, BERNARD J | | 2.2 NAME | Gene Bebber | |
| STREET ADDRESS | 313 POND RD | | 2.3 STREET ADDRESS | 201 Pond Rd | |
| CITY-ST-ZIP | MT DORA FL | | 2.4 CITY-ST-ZIP | Mt. Dora, FL 32757 | |
| TITLE | DS | ☐ DELETE | 3.1 TITLE | DS | ☑ Change ☐ Addition |
| NAME | YANCEY, KATHY | | 3.2 NAME | Patrica Tugya | |
| STREET ADDRESS | 179 POND RD | | 3.3 STREET ADDRESS | 194 Pond Rd. | |
| CITY-ST-ZIP | MT DORA FL | | 3.4 CITY-ST-ZIP | Mt. Dora FL 32757 | |
| TITLE | DT | ☐ DELETE | 4.1 TITLE | DT | ☐ Change ☐ Addition |
| NAME | YOKEL, FRANCES E | | 4.2 NAME | Frances E. Yokel | |
| STREET ADDRESS | 313 POND RD | | 4.3 STREET ADDRESS | 313 Pond Rd. | |
| CITY-ST-ZIP | MT. DORA FL | | 4.4 CITY-ST-ZIP | Mt Dora, FL 32757 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | WAGNER, BEVERLY B. | | 5.2 NAME | Beverly Wagner | |
| STREET ADDRESS | 101 POND DR. | | 5.3 STREET ADDRESS | 101 Pond Rd. | |
| CITY-ST-ZIP | MT. DORA FL | | 5.4 CITY-ST-ZIP | Mt. Dora, FL 32757 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | | | 6.2 NAME | Bernard J. Yokel | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 313 Pond Rd. | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Mt. Dora, FL 32757 | |

CR2E037 (10/97)

14. 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 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.

(352) 383 0581

SIGNATURE: Frances E Yokel Frances E Yokel June 16, 98