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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49181

1. Corporation Name

SUNSET POND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

123 POND RD
MT DORA FL 32757
US

Mailing Address

123 POND RD
MT DORA FL 32757
US



2. Principal Place of Business

21 168 Pond Rd

Suite, Apt. #, etc.

22

City & State

23 Mt. Dora FL

Zip Country

24 32757 25 U.S.

2a. Mailing Address

26 168 Pond Rd.

Suite, Apt. #, etc.

27

City & State

28 Mt. Dora FL

Zip Country

29 32757 30 U.S.

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

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 Norcaust, Jerry

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

168 Pond Rd.

83

City

Mt. Dora, FL

FL

85 Zip Code

32757

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME ASKEW, JOHN W
STREET ADDRESS 123 POND ROAD
CITY-ST-ZIP MT DORA FL 32757

TITLE DV ☐ DELETE

NAME BEBBER, GENE
STREET ADDRESS 201 POND ROAD
CITY-ST-ZIP MT DORA FL 32757

TITLE DS ☐ DELETE

NAME TUGYA, PATRICIA
STREET ADDRESS 194 POND RD
CITY-ST-ZIP MT DORA FL 32757

TITLE DT ☐ DELETE

NAME YOKEL, FRANCES E
STREET ADDRESS 313 POND RD
CITY-ST-ZIP MT DORA FL 32757

TITLE D ☐ DELETE

NAME WAGNER, BEVERLY
STREET ADDRESS 101 POND ROAD
CITY-ST-ZIP MT DORA FL 32751

TITLE D ☐ DELETE

NAME YOKEL, BERNARD J
STREET ADDRESS 313 POND ROAD
CITY-ST-ZIP MT DORA FL 32757

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME Norcaust, Jerry
1.3 STREET ADDRESS 168 Pond Rd.
1.4 CITY-ST-ZIP Mt. Dora, FL, 32757

2.1 TITLE DV ☐ Change ☐ Addition

2.2 NAME Bebbber, Gene
2.3 STREET ADDRESS 201 Pond Rd
2.4 CITY-ST-ZIP Mt. Dora, FL 32757

3.1 TITLE DS ☐ Change ☐ Addition

3.2 NAME Tugya, Patricia
3.3 STREET ADDRESS 194 Pond Rd.
3.4 CITY-ST-ZIP Mt. Dora, FL 32757

4.1 TITLE DT ☐ Change ☐ Addition

4.2 NAME Yokel, Frances E
4.3 STREET ADDRESS 313 Pond Rd.
4.4 CITY-ST-ZIP Mt. Dora, FL. 32757

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME Wagner, Beverly
5.3 STREET ADDRESS 101 Pond Rd.
5.4 CITY-ST-ZIP Mt. Dora, FL 32757

6.1 TITLE D ☐ Change ☐ Addition

6.2 NAME Yokel, Bernard J.
6.3 STREET ADDRESS 313 Pond Rd.
6.4 CITY-ST-ZIP Mt. Dora, FL. 32757

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

Daytime Phone #

(352) 383-0501

CR2E037 (11/98)