

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N49181

1. Entity Name

SUNSET POND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

201 POND ROAD
MT DORA FL 32757
US

Mailing Address

201 POND ROAD
MT DORA FL 32757
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3162159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEBBER, GENE
201 POND ROAD
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DV
NAME NELSON, ROBERT ☐ Delete
STREET ADDRESS 251 POND ROAD
CITY-ST-ZIP MOUNT DORA FL 32757

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

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

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

TITLE D
NAME FICKETT, DONNA ☐ Delete
STREET ADDRESS 225 POND RD
CITY-ST-ZIP MOUNT DORA FL 32757

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000035928
CITY-ST-ZIP 02/06/04-80037-014 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Frances E Yokel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04 (352) 383-0501

Date

Daytime Phone #