

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 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

7. Name and Address of New Registered Agent

BEBBER, GENE
201 POND ROAD
MOUNT DORA FL 32757

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	☐ Delete
NAME	NELSON, ROBERT	
STREET ADDRESS	251 POND ROAD	
CITY- ST- ZIP	MOUNT DORA FL 32757	
TITLE	DP	☐ 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	FICKETT, DONNA	
STREET ADDRESS	225 POND RD	
CITY- ST- ZIP	MOUNT DORA FL 32757	
TITLE	D	☐ Delete
NAME	YOKEL, BERNARD J	
STREET ADDRESS	313 POND ROAD	
CITY- ST- ZIP	MT DORA FL 32757	

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

U00000427510
02/21/06-80012-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [Signature]

02-2005-16 (952) 383-0501