2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N49181

Entity Name: SUNSET POND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

201 POND ROAD
MT DORA, FL 32757 US

New Principal Place of Business:

201 POND ROAD
MOUNT DORA, FL 32757 US

Current Mailing Address:

201 POND ROAD
MT DORA, FL 32757 US

New Mailing Address:

225 POND ROAD
MOUNT DORA, FL 32757 US

FEI Number: 59-3162159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEBBER, GENE
201 POND ROAD
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: NELSON, ROBERT
Address: 251 POND ROAD
City-St-Zip: MOUNT DORA, FL 32757

Title: DP ( ) Delete
Name: BEBBER, GENE
Address: 201 POND ROAD
City-St-Zip: MT DORA, FL 32757

Title: DS ( ) Delete
Name: TUGYA, PATRICIA
Address: 194 POND RD
City-St-Zip: MT DORA, FL 32757

Title: DT ( ) Delete
Name: YOKEL, FRANCES E
Address: 313 POND RD
City-St-Zip: MT DORA, FL 32757

Title: D ( ) Delete
Name: WAGNER, JACK
Address: 101 POND RD
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: YOKEL, BERNARD J
Address: 313 POND ROAD
City-St-Zip: MT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: BEBBER, GENE
Address: 201 POND ROAD
City-St-Zip: MOUNT DORA, FL 32757

Title: DS (X) Change ( ) Addition
Name: RUNNELLS, CHRISTINE
Address: 123 POND RD
City-St-Zip: MOUNT DORA, FL 32757

Title: DT (X) Change ( ) Addition
Name: FICKETT, DONNA
Address: 225 POND RD
City-St-Zip: MOUNT DORA, FL 32757

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA FICKETT DT 01/23/2009
Electronic Signature of Signing Officer or Director Date