FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:10

DOCUMENT # N93000004718 (3)

1. Corporation Name
SUNCREST UNIT 6 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751	2250 LUCIEN WAY SUITE 250 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1993
3a. Date of Last Report: 08/01/1994
4. FEI Number: 59-3247591 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 555 Winderley Place	26 555 Winderley Place
Suite, Apt. #, etc. 22 Suite 420	Suite, Apt. #, etc. 27 Suite 420
City & State 23 Maitland, Florida	City & State 28 Maitland, Florida
Zip 24 32751 Country 25 U.S.A.	Zip 29 32751 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

MANCUSO, JAMES C
2250 LUCIEN WAY
SUITE 250
MAITLAND FL 32751

10. Name and Address of New Registered Agent

31 Name: Mohle, Helmut L.
32 Street Address (P.O. Box Number is Not Acceptable): 555 Winderley Place
33 Suite 420
34 City: Maitland, FL 35 Zip Code: 32751

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Helm Mohle 2-16-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MOHLE, HELMUT L	1.2 NAME	Mohle, Helmut L.	
STREET ADDRESS	2250 LUCIEN WAY, SUITE 250	1.3 STREET ADDRESS	555 Winderley Place, Suite 420	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	Maitland, Florida 32751	
TITLE	DST	2.1 TITLE	DST	☒ Change ☐ Addition
NAME	MCDONALD, DONNA J	2.2 NAME	McDonald, Donna J.	
STREET ADDRESS	2250 LUCIEN WAY, SUITE 250	2.3 STREET ADDRESS	555 Winderley Place, Suite 420	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	Maitland, Florida 32751	
TITLE	DV	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	KOEBLE, JANICE C	3.2 NAME	Koelble, Janice C.	
STREET ADDRESS	2250 LUCIEN WAY, SUITE 250	3.3 STREET ADDRESS	555 Winderley Place, Suite 420	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	Maitland, Florida 32751	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Helm Mohle 1-25-95 (407) 875-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Helmut Mohle, President

0003237