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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N93000004718**

1. Corporation Name

SUNCREST UNIT 6 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1633 E VINCE STREET. SUITE 207 KISSIMMEE FL 34744 US	1633 E VINE STREET SUITE 207 KISSIMMEE FL 34744 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/13/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3247591 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROGER DONLE
4125 OAKBERRY DRIVE
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC President	☑ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	NGUYEN, TIMOTHY		1.2 NAME	MR. GIL	
STREET ADDRESS	10727 CHERRY OAK CIRCLE		1.3 STREET ADDRESS	4101 OAKBERRY	
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-ST-ZIP	Orlando, FL 32817	
TITLE	DV Treasurer	☑ DELETE	2.1 TITLE	T	☑ Change ☑ Addition
NAME	LOW, IAN		2.2 NAME	Ian Low	
STREET ADDRESS	10723 CHERRY OAK CIRCLE		2.3 STREET ADDRESS	10723 Cherry Oak Circle	
CITY-ST-ZIP	ORLANDO FL 32817		2.4 CITY-ST-ZIP	Orlando, Fla. 32817	
TITLE	D Vice-President	☑ DELETE	3.1 TITLE	P,D	☑ Change ☑ Addition
NAME	VOLK, ARTHUR		3.2 NAME	Tim Nguyen	
STREET ADDRESS	10801 CHERRY OAK CIRCLE		3.3 STREET ADDRESS	10727 Cherry Oak Circle	
CITY-ST-ZIP	ORLANDO FL 32817		3.4 CITY-ST-ZIP	Orlando, Fla. 32817	
TITLE	D	☑ DELETE	4.1 TITLE	VP,D	☑ Change ☑ Addition
NAME	BASSIL, MILAD		4.2 NAME	Arthur Volk	
STREET ADDRESS	10815 CHERRY OAK CIRCLE		4.3 STREET ADDRESS	10801 Cherry Oak Circle	
CITY-ST-ZIP	ORLANDO FL 32817		4.4 CITY-ST-ZIP	Orlando, Fla. 32817	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	BEAN, GLENN		5.2 NAME	Pam Donnelly	
STREET ADDRESS	10805 CHERRY OAK CIRCLE		5.3 STREET ADDRESS	10526 Cherry Oak Circle	
CITY-ST-ZIP	ORLANDO FL 32817		5.4 CITY-ST-ZIP	Orlando, Fla. 32817	
TITLE	DST	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH PETRO		6.2 NAME		
STREET ADDRESS	10719 CHERRY OAK CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED 19 FEB 99 (407) 673-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #