# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2005 8:00 am**
**Secretary of State**
04-25-2005 90295 008 ****61.25

DOCUMENT # N93000004718

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

50043143

04152005 Chg-NP CR2E037 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 1633 E. VINE STREET, SUITE 110<br>KISSIMMEE, FL 34744 US | 1633 E. VINE STREET, SUITE 110<br>KISSIMMEE, FL 34744 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8009 S. Orange Ave | 8009 S. Orange Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Orlando Fl | City & State: Orlando Fl |
| Zip: 32809 Country: USA | Zip: 32809 Country: USA |

4. FEI Number 59-3247591 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LELAND MANAGEMENT INC.
1633 E. VINE ST., STE 110
KISSIMMEE, FL 34744

**7. Name and Address of New Registered Agent**

Name: Leland Management

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

8009 S. ORANGE Ave

City: Orlando FL Zip Code: 32809

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] - President 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MILLER, MICHAEL<br>10742 CHERRY OAK CIRCLE<br>ORLANDO, FL 32817 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>DONLE, ROGER<br>10526 CHERRY OAK CIRCLE<br>ORLANDO, FL 32817 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>HANWELL, BERT<br>10836 CHERY OAK CIRCLE<br>ORLANDO, FL 32817 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** [signature] 4.20.05 407.665.2763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #