

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 AUG 23 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005119 (3)

1. Corporation Name

SUN VISTA COURT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

498 ESTHER LANE
ALTAMONTE SPRINGS FL 32714
US

498 SUNVISTA CT
SANFORD FL 32773
XXXXXX
Altamonte Springs Fl
32716

3. Date Incorporated or Qualified
12/13/1993

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 161005

4. FEI Number

59-3218044

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Altamonte Springs FL

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29 327160115

30

US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAINGER, GWEN
498 ESTHER LANE
ALTAMONTE FL 32714

81 Name

William B. Briggie

82

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

498 Esther Lane

83

84 City

Altamonte Springs

FL

85

Zip

327160115

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 617.003, Florida Statutes.

SIGNATURE

William B. Briggie

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MALEKZADEH, DARYOUSH
STREET ADDRESS 330 SUNVISTA CT
CITY-ST-ZIP SANFORD FL

11 TITLE P & D
12 NAME Malekzadeh, Daryoush
13 STREET ADDRESS 330 Sunvista Ct
14 CITY-ST-ZIP Sanford, FL 32773

TITLE VP
NAME CLINARD, ROBERT
STREET ADDRESS 400 SUNVISTA CT
CITY-ST-ZIP SANFORD FL

21 TITLE VP & D
22 NAME Clinard, Mike
23 STREET ADDRESS 400 Sun Vista Ct.
24 CITY-ST-ZIP Sanford, FL 32773

TITLE ST
NAME EVERLING, NENE M
STREET ADDRESS 220 SUN VISTA CT
CITY-ST-ZIP SANFORD FL 32773

31 TITLE Sec.
32 NAME & D
33 STREET ADDRESS Everling, Nene M
34 CITY-ST-ZIP 220 Sun Vista Ct
Sanford, FL 32773

TITLE D
NAME GRAINGER, GWEN
STREET ADDRESS 120 SUNVISTA CT
CITY-ST-ZIP SANFORD FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
30000133629
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

GWEN GRAINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96
Date

774-1824
Daytime Phone #

CR2E037 (12/95)