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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N93000005119

1. Corporation Name
SUN VISTA COURT HOMEOWNERS' ASSOCIATION, INC.

* 5 4 1 9 0 3 *
541903 - 90322 - 21

Principal Place of Business	Mailing Address
330 SUN VISTA CT SANFORD FL 32773 US	498 ESTHER LANE ALTAMONTE SPRINGS FL 32714 US

2. Principal Place of Business 21 400 Sun Vista Suite, Apt. #, etc. 22 City & State 23 Sanford, fl Zip / Country 24 32773-7422 25 USA.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip / Country 29 30	3. Date Incorporated or Qualified 12/13/1993 4. FEI Number 59-3218044 - 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRIGGLE, WILLIAM B 498 ESTHER LANE ALTAMONTE SPRINGS FL 32714	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MALEKZADEH, DARYOUSH 330 SUNVISTA CT. SANFORD FL 32773	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CLINARD, ROBERT 400 SUNVISTA CT. SANFORD FL 32773	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President/D Robert Clinard 400 Sun Vista Ct Sanford, Fl. 32773	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD EVERLING, NENE M 220 SUN VISTA CT SANFORD FL 32773	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Sec/Trea./D Nene Everling 220 Sun Vista Ct. Sanford, FL 32773	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DD GRAINGER, GWEN 120 SUNVISTA CT. SANFORD FL 32773	XX DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP/D Roberts, Kathy 310 Sun Vista Ct Sanford, Fl. 32773	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 3/25/99 407-774-4077
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)