


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005119</b> 1. Entity Name <b>SUNVISTA HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business  
**400 SUN VISTA  
SANFORD, FL 32773-7422 US**

Mailing Address  
**498 ESTHER LANE  
ALTAMONTE SPRINGS, FL 32714 US**

**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3218044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

**BRIGGLE, WILLIAM B  
498 ESTHER LANE  
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE  
IN THIS SPACE**

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, 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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KNIGHT, BRENDA 130 SUN VISTA CT SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FITZPATRICK, GINGER 210 SUNVISTA COURT SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD EVERLING, NENE 220 SUN VISTA CT SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000367827  
05/23/05-80001-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_