

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED  
AND  
FILED

1996 OCT 21 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000001610 (4)

1. Corporation Name

SUNSET ISLAND HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

330 EAST LAMBERT RD.  
BREA CA 92621

330 EAST LAMBERT RD.  
BREA CA 92621

2. Principal Place of Business

2a. Mailing Address

21 201 Front Street

26 P.O. Box 4727

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 102

27

Key West FL

City & State

23 Key West FL

28 Portsmouth New Hampshire

Zip 33040

Country

USA

Zip 03802

Country

USA

24

25

USA

29

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

81 Name

C T Corporation System

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

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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

Connie Bryan

Signature, typed or printed name of registered agent and title if applicable.

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

7-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GRIFFITH, RONALD M  
STREET ADDRESS % 330 E. LAMBERT RD.  
CITY-ST-ZIP BREA CA 92621

TITLE VPD  
NAME REED, KENNETH D  
STREET ADDRESS % 330 E. LAMBERT RD.  
CITY-ST-ZIP BREA CA 92621

TITLE TD  
NAME JANIS, BERNARD  
STREET ADDRESS % 330 E. LAMBERT RD.  
CITY-ST-ZIP BREA CA 92621

TITLE Pres, Secy, Director  
NAME Walsh, Mark  
STREET ADDRESS 1100 Linton Blvd Suite C-9  
CITY-ST-ZIP Delray Beach FL 33444

TITLE VP, Treas., Director  
NAME Walsh, Michael  
STREET ADDRESS 1100 Linton Blvd, Suite C-9  
CITY-ST-ZIP Delray Beach, FL 33444

TITLE Vice Pres, Director  
NAME Walsh, William  
STREET ADDRESS One Kate Street, Suite 3  
CITY-ST-ZIP Delray Beach, FL 33444

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:

SIGNATURE OF OFFICER OR DIRECTOR

7/17/96

Date

Daytime Phone #

CR2E037 (3/96)