

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

98 NOV 16 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1998

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



DOCUMENT # **N94000001631 (0)**
1. Corporation Name
Sunland Garden Homeowners, Inc.

Principal Place of Business
3415 AVENUE D
1701 N 35th St
Fort Pierce, FL 34947

Mailing Address
P.O. Box 1473
Fort Pierce FL
34954

3. Date Incorporated or Qualified
03-28-994

4. FEI Number
Not Applicable

Applied For
 Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Emma G. Loman
1501 N. 35th Street
Fort Pierce, FL 34947

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
500002592165-5
B3
-11/19/98--01101-007
B4 City
*******51.25 *****98.25**
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President Loman	1.1 TITLE	Chairman D
NAME	Emma G. Loman	1.2 NAME	William Bradley
STREET ADDRESS	1501 N. 35th Street	1.3 STREET ADDRESS	3405 Ave S
CITY-ST-ZIP	Fort Pierce, FL 34947	1.4 CITY-ST-ZIP	FL Pierce 34947
TITLE	Vice President	2.1 TITLE	D
NAME	Johnny Stovall	2.2 NAME	Cliza Swagoe
STREET ADDRESS	3702 Ave S	2.3 STREET ADDRESS	1606 N. 35th St
CITY-ST-ZIP	Fort Pierce 34947	2.4 CITY-ST-ZIP	Fort Pierce 34947
TITLE	Secretary	3.1 TITLE	member D
NAME	Betty Bradford	3.2 NAME	Johnny Stovall
STREET ADDRESS	3405 Ave S	3.3 STREET ADDRESS	3702 Ave S
CITY-ST-ZIP	Fort Pierce FL 34947	3.4 CITY-ST-ZIP	FL Pierce 34947
TITLE	Treasurer	4.1 TITLE	member - Co Chair
NAME	Davis Scott	4.2 NAME	Emma G. Loman
STREET ADDRESS	4006 Ave R	4.3 STREET ADDRESS	1501 N. 35th St
CITY-ST-ZIP	Fort Pierce, FL 34947	4.4 CITY-ST-ZIP	Fort Pierce 34947
TITLE		5.1 TITLE	member D
NAME		5.2 NAME	Martha Proctor
STREET ADDRESS		5.3 STREET ADDRESS	1403 N. 35th
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FL Pierce 34947
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President Loman	1.1 TITLE	Chairman D
NAME	Emma G. Loman	1.2 NAME	William Bradley
STREET ADDRESS	1501 N. 35th Street	1.3 STREET ADDRESS	3405 Ave S
CITY-ST-ZIP	Fort Pierce, FL 34947	1.4 CITY-ST-ZIP	FL Pierce 34947
TITLE	Vice President	2.1 TITLE	D
NAME	Johnny Stovall	2.2 NAME	Cliza Swagoe
STREET ADDRESS	3702 Ave S	2.3 STREET ADDRESS	1606 N. 35th St
CITY-ST-ZIP	Fort Pierce 34947	2.4 CITY-ST-ZIP	Fort Pierce 34947
TITLE	Secretary	3.1 TITLE	member D
NAME	Betty Bradford	3.2 NAME	Johnny Stovall
STREET ADDRESS	3405 Ave S	3.3 STREET ADDRESS	3702 Ave S
CITY-ST-ZIP	Fort Pierce FL 34947	3.4 CITY-ST-ZIP	FL Pierce 34947
TITLE	Treasurer	4.1 TITLE	member - Co Chair
NAME	Davis Scott	4.2 NAME	Emma G. Loman
STREET ADDRESS	4006 Ave R	4.3 STREET ADDRESS	1501 N. 35th St
CITY-ST-ZIP	Fort Pierce, FL 34947	4.4 CITY-ST-ZIP	Fort Pierce 34947
TITLE		5.1 TITLE	member D
NAME		5.2 NAME	Martha Proctor
STREET ADDRESS		5.3 STREET ADDRESS	1403 N. 35th
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FL Pierce 34947
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Emma G. Loman** 9-20-98 1-561-461-685-3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)