


**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

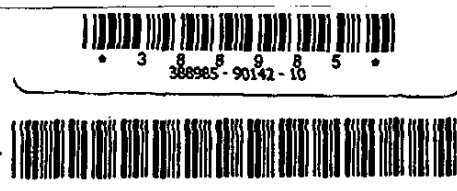
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001631**

1. Corporation Name  
**SUNLAND GARDEN HOMEOWNERS, INC.**  
*HOME OWNERS, INC*

Principal Place of Business 3415 AVENUE O FT PIERCE FL 34947	Mailing Address P.O. BOX 1473 FORT PIERCE FL 34954
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2. Principal Place of Business 21 <i>3415 Ave O</i>	2a. Mailing Address 28 <i>P.O. Box 1473</i>	3. Date Incorporated or Qualified <i>03/28/1994</i>
22 Suite, Apt. #, etc. <i>Fort Pierce FL</i>	27 Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>
23 City & State <i>34947</i>	28 City & State <i>St. Lucie, FL</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip <i>34947</i>	25 Country <i>St. Lucie</i>	29 Zip <i>34954-1473</i>
30 Country <i>St. Lucie</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  LOMAN, EMMA A 1501 N 35TH STREET FT PIERCE FL 34947	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 *Emma A. Loman* DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P. <input type="checkbox"/> DELETE	NAME LOMAN, EMMA A STREET ADDRESS 1501 N 35TH STREET CITY-ST-ZIP FT PIERCE FL 34947	1.1 TITLE <i>D</i>	<i>Woodruff, Dorothy</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD <input type="checkbox"/> DELETE	NAME BRADLEY, WILLIAM STREET ADDRESS 3405 AVE S CITY-ST-ZIP FT PIERCE FL 34947	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME SWOOP, ELZA STREET ADDRESS 160 N 35TH ST CITY-ST-ZIP FORT PIERCE FL 34947	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE T <input type="checkbox"/> DELETE	NAME SCOTT, DAVID STREET ADDRESS 4006 AVENUE R CITY-ST-ZIP FT. PIERCE FL 34947	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE MD <input type="checkbox"/> DELETE	NAME STOVALL, JOHNNY STREET ADDRESS 3702 AVE S CITY-ST-ZIP FT PIERCE FL 34947	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE MD <input checked="" type="checkbox"/> DELETE	NAME PROBAR, MARTHA STREET ADDRESS 1400 N 35TH CITY-ST-ZIP FT PIERCE FL 34947	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<i>Bradley, Betty</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3405 Ave S</i> <i>Fort Pierce, FL 34947</i>

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: *EMMA A. LOMAN* DATE: \_\_\_\_\_ DAYTIME PHONE #: *1-561-461-6553*

CR2E037 (1/98)