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Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000003820 (7)

1. Corporation Name

SUNSET VIEW HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

715 VASSAR STREET
ORLANDO FL 32804

715 VASSAR STREET
ORLANDO FL 32804-4920



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 40 Mid-Florida Prop. Mgmt.

Suite, Apt. #, etc.

27 P.O. Box 182150

City & State

28 Casselberry, FL

29 Zip 30 Country

32718

3. Date Incorporated or Qualified
08/01/1994

3a. Date of Last Report
04/04/1996

4. FEI Number
59-3302377

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROUHER, CRAIG F
715 VASSAR STREET
ORLANDO FL 32804

81 Name
William C. Spare

82 Street Address (P.O. Box Number is Not Acceptable)
40 Mid-Florida Prop. Mgmt.

83 5250 South U.S. Hwy 17-92

84 City
Casselberry

85 Zip Code
FL 32707

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

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

William C. Spare, Community Assn. Mgr. 3/4/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME ROUHER, CRAIG F
STREET ADDRESS 715 VASSAR STREET
CITY-ST-ZIP ORLANDO FL 32804

TITLE D ☒ DELETE
NAME JONES, LORI P.
STREET ADDRESS 715 VASSAR STREET
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE
NAME SANDERLIN, JOANNE
STREET ADDRESS 715 VASSAR STREET
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME McGwier, Catherine G.
1.3 STREET ADDRESS 1516 Sunset View Circle
1.4 CITY-ST-ZIP Apopka, FL 32703

2.1 TITLE VSD ☐ Change ☒ Addition
2.2 NAME Viteri-Maysonet, Rosa
2.3 STREET ADDRESS 1753 Sunset View Circle
2.4 CITY-ST-ZIP Apopka, FL 32703

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME Weeks, Jr., David
3.3 STREET ADDRESS 1618 Sunset View Circle
3.4 CITY-ST-ZIP Apopka, FL 32703

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 X Catherine McGwier, Community Assn. Mgr. 3/4/97

CR2E037 (9/96)