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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mohr Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003820 (7)**

1. Corporation Name

SUNSET VIEW HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**715 VASSAR STREET
ORLANDO FL 32804**

Mailing Address

**C/O MID-FLORIDA PROP. MGMT.
P.O. BOX 182150
CASSELBERRY FL 32716
US**

3. Date Incorporated or Qualified

08/01/1994

4. FEI Number

59-3302377

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5250 South U.S. Hwy. 17-92

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Casselberry, FL

24 Zip

Country

29 Zip

Country

32707

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPARE, WILLIAM C.
C/O MID-FLORIDA PROP. MGMT.
5250 SOUTH U.S. HWY 17-92
CASSELBERRY FL 32707**

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PO
NAME MCGWIER, CATHERINE G.
STREET ADDRESS 1516 SUNSET VIEW CIRCLE
CITY-ST-ZIP APOPKA FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**VSD
NAME VITERI-MAYSONET, ROSA
STREET ADDRESS 1753 SUNSET VIEW CIRCLE
CITY-ST-ZIP APOPKA FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☒ DELETE

**TD
NAME WEEKS, JR. D
STREET ADDRESS 1618 SUNSET VIEW CIRCLE
CITY-ST-ZIP APOPKA FL**

1.3 STREET ADDRESS ☒ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Catherine G. McGwier

Catherine G. McGwier

3-3-98

352-343-9601

CR2E037 (10/97)