

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003820

1. Entity Name

SUNSET VIEW HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90074 024 ****61.25

Principal Place of Business

5250 SOUTH U.S. HWY 17-92
CASSELBERRY FL 32707
US

Mailing Address

C/O MID-FLORIDA PROP. MGMT.
~~P.O. BOX 102150~~
CASSELBERRY FL 32718-2150
US

2. Principal Place of Business

5025 South U.S. Hwy 17-92

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

5025 South U.S. Hwy. 17-92

City & State

Casselberry, FL

Zip

Country

32707-3845



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3302377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

5025 South U.S. Hwy. 17-92

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]

William C. Spare

Community Association Manager

2/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGWIER, CATHERINE G.	
STREET ADDRESS	1516 SUNSET VIEW CIRCLE	
CITY-ST-ZIP	APOPKA FL	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	GOLDMAN, MARTIN	
STREET ADDRESS	164 N. LAKE PLEASANT RD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BANKS, ROLINDA	
STREET ADDRESS	1619 SUNSET VIEW CIR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANKS, STANLEY	
STREET ADDRESS	1619 Sunset View Circle	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00

Date

Daytime Phone #

CR2E037 (9/99)