

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-07-2001 90621 050 ****61.25

DOCUMENT # N94000003820

1. Entity Name

SUNSET VIEW HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

5025 SOUTH U.S. HWY 17-92
 CASSELBERRY FL 32707
 US

Mailing Address

5025 SOUTH U.S. HWY 17-92
 CASSELBERRY FL 32707
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SPARE, WILLIAM C.
 5025 SOUTH U.S. HWY 17-92
 CASSELBERRY FL 32707

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VSD
 NAME MCGWIER, CATHERINE G. ☒ Delete
 STREET ADDRESS 1516 SUNSET VIEW CIRCLE
 CITY-ST-ZIP APOPKA FL

TITLE PTD
 NAME WEAVER, LESLEY ☐ Change ☒ Addition
 STREET ADDRESS 1639 SUNSET VIEW CIRCLE
 CITY-ST-ZIP APOPKA, FL 32703

TITLE PD
 NAME BANKS, ROLINDA ☒ Delete
 STREET ADDRESS 1619 SUNSET VIEW CIR
 CITY-ST-ZIP APOPKA FL 32703

TITLE VD
 NAME HOOKER, LORI ☐ Change ☒ Addition
 STREET ADDRESS 118 HAZY DAY COURT
 CITY-ST-ZIP APOPKA, FL 32703

TITLE TD
 NAME BANKS, STANLEY ☒ Delete
 STREET ADDRESS 1619 SUNSET VIEW CIRCLE
 CITY-ST-ZIP APOPKA FL 32703

TITLE SD
 NAME Collier, Charlotte ☐ Change ☒ Addition
 STREET ADDRESS 1729 SUNSET VIEW CIRCLE
 CITY-ST-ZIP APOPKA, FL 32703

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

SUNSET VIEW HOMEOWNERS' ASSOCIATION, INC.
WEAVER 3/2/01 407-888-7237

CR2E037 (10/00)