


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90421 007 \*\*\*\*61.25

<b>DOCUMENT # N94000004525</b>						
<b>1. Entity Name</b> SUNCREST VILLAS PHASE 2 HOMEOWNERS ASSOCIATION, INC.						
<b>Principal Place of Business</b> 5401 S. KIRKMAN RD 450 ORLANDO, FL 32819			<b>Mailing Address</b> 5401 S. KIRKMAN RD 450 ORLANDO, FL 32819			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b>			<b>City &amp; State</b>			
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		
<b>Country</b>		<b>Country</b>		<b>4. FEI Number</b> 59-3403774		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> COMMUNITY MANAGEMENT PROFESSIONALS 5401 S. KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
<b>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. I am familiar with, and accept the obligations of registered agent.</b>						
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> ZAINUBULEEN, ABDUL <b>STREET ADDRESS</b> 4208 PACIFICA DR. <b>CITY-ST-ZIP</b> ORLANDO, FL 32817	<input type="checkbox"/> Delete			<b>TITLE</b> D <b>NAME</b> David Shane Flowers <b>STREET ADDRESS</b> 10513 Sun Villa Blvd. <b>CITY-ST-ZIP</b> Orlando FL 32817	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> ASTACIO, CAROL <b>STREET ADDRESS</b> 10622 SUN VILLA BV <b>CITY-ST-ZIP</b> ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> ROMANO, FRANK <b>STREET ADDRESS</b> 10503 CASPAR COURT <b>CITY-ST-ZIP</b> ORLANDO, FL 32817	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> MCKINLEY, JENNIFER <b>STREET ADDRESS</b> 10536 RODAONDO DR. <b>CITY-ST-ZIP</b> ORLANDO, FL 32817	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> GLANZ, TODD <b>STREET ADDRESS</b> 10466 SUN VILLA BV <b>CITY-ST-ZIP</b> ORLANDO, FL 32750	<input checked="" type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>						
<b>SIGNATURE:</b> _____ <i>Frank Romano</i> <span style="float: right;">4-25-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						