


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2006 8:00 am**  
**Secretary of State**

06-27-2006 90035 048 \*\*\*\*61.25

<b>DOCUMENT # N94000006096</b>					
<b>1. Entity Name</b> SUN LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2300 COOPER ST. # D-1 PUNTA GORDA, FL 33950			<b>Mailing Address</b> PO BOX 5412482 PUNTA GORDA, FL 33951		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
DICKSON, MARIAN K 2300- COOPER ST. D-1 PUNTA GORDA, FL 33951		Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>MARIAN K. DICKSON</u> <u>Sec-Treas</u> <u>6/21/06</u> <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</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	VAUGHN, JAMES				
STREET ADDRESS	25020 AIRPORT ROAD B-1				
CITY-ST-ZIP	PUNTA GORDA, FL 33950				
TITLE	ST	<input type="checkbox"/> Delete			
NAME	DICKSON, MARIAN K				
STREET ADDRESS	2300 COOPER ST D-1				
CITY-ST-ZIP	PUNTA GORDA, FL 33950				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	DARLAND, MICHAEL				
STREET ADDRESS	2503 AIRPORT RD - A-1				
CITY-ST-ZIP	PUNTA GORDA, FL 33950				
TITLE	BM	<input type="checkbox"/> Delete			
NAME	HUMPHREY, LINDA				
STREET ADDRESS	2251 AIRPORT RD E-1				
CITY-ST-ZIP	PUNTA GORDA, FL 33950				
TITLE	BM	<input checked="" type="checkbox"/> Delete			
NAME	HOWLAND, MICHAEL				
STREET ADDRESS	25030 AIRPORT ROAD B-3				
CITY-ST-ZIP	PUNTA GORDA, FL 33950				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
25030 Airport Road - A-1 PUNTA GORDA, FL 33950					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
2250 Cooper St. E-1 Punta Gorda, FL 33950					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
SIGNATURE: <u>MARIAN K. DICKSON</u> <u>6/21/06</u> <u>941-637-0558</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					