## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9500005522 (6) 1. Corporation Name

SUN VALLEY HOMEOWNERS, INC.

Principal Place	of Business	Mailing Address	Mailing Address				- T 1061110: AID 10101 Office Office Office Office Office Office Office Color office Color office Color				
C/O E. LEBRON FREE, P.A.		C/O E. LEBRON FREE. P.A.									
2725 PARK DRIVE. SUITE 3		2725 PARK DRIVE. SUITE 3 CLEARWATER FL 34623-1023									
CLEARWATER FL 34623-1023					-	3. Date Incorporated or Qualified	3a. Date of I	_ast Report	$\neg$		
							11/20/1995				
2. Principal Pla	ace of Business	2a. Mailing Address					4. FEI Number		Applied For		
21		26			$(\bot$	59-3356426		Not Applicabl	le_		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional			
22		City & State							Fee Required		
City & State	,	28					Election Campaign Financing     Trust Fund Contribution		5.00 May Be added to Fees	- 1	
Zip	Country	Zip Country				This corporation has liability for intangible tax under s. 199.032,					
24	25 29			30				Yes No	5. G. 103.00E,		
,	9. Name and Address of Current	Registered Agent					10. Name and Address of New R	egistered Agent	(		
				81	Name						
Free, E. Lebron					82 Street Address (P.O. Box Number is Not Acceptable)						
2725 PARK DRIVE											
SUITE 3				83							
CLEARW	ATER FL 34623-1023		-	84	City			85	Zip Code	$\dashv$	
					O.A.y			FL   ~	Lip Code	{	
or register	to the provisions of Sections 617.0502 a red agent, or both, in the State of Florida	<ul> <li>Such change was authorized</li> </ul>	the above by the c	ve·n orpc	amed cor oration's b	poration	on submits this statement for the pur of directors. I hereby accept the appo	oose of changing intment as regist	its registered officered agent. I am	се	
SIGNATURE _	th, and accept the obligations of, Section	1017.0003, Florida Statutes.									
	Signature, typed or printed name of registered agent an			Agent	t signature red	tw beaup	hen reinstatingt	DATE DIDE	OTODO IN 40	$\Box$	
12. •	OFFICERS AND DIRECTORS		13.			<u>D</u>	ADDITIONS/CHANGES TO OFFI			-	
TITLE	Pok Makanada	<del>-</del>		7.7 TIVEE		_	l Hergenroether	Cha	nge <b>KIK</b> Addition	1	
NAME •	Rob McKenzie			1.2 NAME B1 1.3 STREET ADDRESS 39		302/	48 U.S. 19 N., #221			- 1	
STREET ADDRESS	39248 U.S. 19 N., #2						Tarpon Springs, FL 34689			- 1	
CITY-ST-ZIP TITLE	Tarpon Springs, FL	34689	14 City -: 21 Tifle			D D	poil 3pr 11193, 12 34	UO 9 □ Cha	nge 🔽 Addition	⊣	
NAME	V Chaules Montan	[_]occur	22 NAME			_	1 Hough		rigo Piadidon	-	
STREET ADDRESS	Charles Munter			23 STREET ADDRESS 39			248 U.S. 19 N., #222				
CITY-ST-ZIP	39248 U.S. 19 North						rpon Springs, FL 34689				
TITLE	Tarpon Springs, FL 34689			2 4 City-ST-ZIP la 3.1 TITLE D			Pol. op. 11190 ; 12 01	["] Cha	nge 🖸 Addition	,{	
NAME	Rita Roser	<del>-</del>	3.2 NAME			Jo I	Piskoty	_	- 1	İ	
STREET ADDRESS	39248 U.S. 19 N., #2	264	3.3 STRE				48 U.S. 19 N., #212				
CITY-ST-ZIP							rpon Springs, FL 34689				
TITLE	S	DELETE	4.1 TITLE					☐ Cha	nge 🔲 Addition	ヿ	
NAME	Robert Evans		4 2 NAME		ŀ						
STREET ADDRESS	39248 U.S. 19 N., #2	239	43 STREE		ADDRESS						
CITY-ST-ZIP	Tarpon Springs, FL			4.4 CITY - ST - ZIP							
TITLE	D	DELETE	51 TITLE				400000177		nge 🔲 Addition	$\neg$	
NAME	Dick Elston		52 NAME		ļ			86024			
STREET ADDRESS	39248 U.S. 19 N., #3		5 3 STREE		ADDRESS		***81.25	- ~			
CHTY-ST-ZIP	Tarpon Springs, FL		5 4 CiTY-		T-ZIP						
TITLE	D	DELETE	61 TITLE		T			☐ Cha	nge 🔲 Addition		
NAME :	Ed Elstro		62 NAME		j				22/12	_	
STREET ADDRESS	39248 U.S. 19 N., #2		63 ST	REET	ADDRESS				) 2/12	-	
CITY-ST-ZIP	Tarpon Springs, FL	34689	64 CITY-ST-ZIP								
certify that	ly certify that the information supplied wi t the information indicated on this annua	treport or supplemental annual	Fregort is	s tron	e and acc	uirate.	and that my signature shall have the	same legal effect	as if made under	.	
oath; that I am an officer or director on the corporation or the receiver or trustee empowered to execute appears in Block 12 or Block 12							eport as required by Chapter 617, Flo	orida Statutes; an	d that my name		
appears ii	LOWER 12 OF DICENT TO THE STATE OF THE	a ratiocini ent with an addres	g.					4	1		