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Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005522 (6)

1. Corporation Name

SUN VALLEY HOMEOWNERS, INC.



Principal Place of Business

Mailing Address

C/O E. LEBRON FREE, P.A.
2725 PARK DRIVE, SUITE 3
CLEARWATER FL 34623-1023C/O E. LEBRON FREE, P.A.
2725 PARK DRIVE, SUITE 3
CLEARWATER FL 34623-10233. Date Incorporated or Qualified
11/20/19953a. Date of Last Report
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3356426Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREE, E. LEBRON
2725 PARK DRIVE
SUITE 3
CLEARWATER FL 34623-1023

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	MCKENZIE, ROB	39248 U.S. 19 N., #267	TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/>
D	HERGENROTHER, BILL	39248 U.S. 19 N., #221	TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/>
D	HOUGH, BILL	39248 U.S. 19 N., #222	TARPON SPRINGS FL 34689	<input type="checkbox"/>
D	PISKOTY, JO	39248 U.S. 19 N., #212	TARPON SPRINGS FL 34689	<input type="checkbox"/>
D	ELSTON, DICK	39248 U.S. 19 N., #304	TARPON SPRINGS FL 34689	<input type="checkbox"/>
D	ELSTRO, ED	39248 U.S. 19 N., #277	TARPON SPRINGS FL 34689	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	ARCHAMBAULT, CLAUDE	39248 U.S. 19 N. # 134	TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	CARR, RHODES	39248 U.S. 19 N. # 345	TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	MUNTER, CHARLES	39248 U.S. 19 N. # 323	TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	EVANS, ROBERT	39248 U.S. 19 N. # 239	TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ROSER, RITA	39248 U.S. 19 N. # 264	TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067525

CR2E037 (9/96)