

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005522 (6)**

1. Corporation Name

**SUN VALLEY HOMEOWNERS, INC.**



Principal Place of Business <b>C/O E. LEBRON FREE, P.A. 2725 PARK DRIVE, SUITE 3 CLEARWATER FL 34623-1023</b> <i>33763-1023</i>	Mailing Address <b>C/O E. LEBRON FREE, P.A. 2725 PARK DRIVE, SUITE 3 CLEARWATER FL 34623-1023</b> <i>33763-1023</i>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <i>33763-1023</i> 24 Country <i>Florida</i>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <i>33763-1023</i> 29 Country <i>Florida</i> 30
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3. Date Incorporated or Qualified <b>11/20/1995</b>	
4. FEI Number <b>59-3356426</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FREE, E. LEBRON 2725 PARK DRIVE SUITE 3 CLEARWATER FL 34623-1023</b> <i>33763-1023</i>	
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 State <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>ARCHAMBAULT, CLAUDE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<i>D/S</i>
	<b>39248 US 19 NO STE 134</b>		<i>ARLE, A4RT</i>
	<b>TARPON SPRINGS FL</b>		<i>39248 US 19 N # 326</i>
<input type="checkbox"/> DELETE	<b>CARR, RHODES</b>		<i>39248 US 19 N # 326</i>
	<b>39248 US 19 NO STE 345</b>		<i>TARPON SPRINGS, FL</i>
	<b>TARPON SPRINGS FL</b>		
<input type="checkbox"/> DELETE	<b>MUNTER, CHARLES</b>		<i>D</i>
	<b>39248 US 19 NORTH STE 323</b>		<i>CORDELLA, RAY</i>
	<b>TARPON SPRINGS FL</b>		<i>39248 US 19 N # 362</i>
<input type="checkbox"/> DELETE	<b>EVANS, ROBERT</b>		<i>39248 US 19 N # 362</i>
	<b>39248 US 19 NO STE 239</b>		<i>TARPON SPRINGS, FL</i>
	<b>TARPON SPRINGS FL</b>		
<input type="checkbox"/> DELETE	<b>ROBER, RITA</b>		<i>D</i>
	<b>39248 US 19 NORTH STE 264</b>		<i>ELSTON, DICK</i>
	<b>TARPON SPRINGS FL</b>		<i>39248 US 19 N # 304</i>
<input type="checkbox"/> DELETE	<b>ELSTRO, ED</b>		<i>39248 US 19 N # 222</i>
	<b>39248 U.S. 19 N., #277</b>		<i>TARPON SPRINGS, FL</i>
	<b>TARPON SPRINGS FL 34689</b>		

14. 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 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: *Jeffrey Free as Secretary LEBRON FREE 458AA 796-0094*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # 0053250

CR2E037 (10/97)