

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90126 011 ****61.25

DOCUMENT # N95000005522

1. Corporation Name

SUN VALLEY HOMEOWNERS, INC.

Principal Place of Business

C/O E. LEBRON FREE, P.A.
2725 PARK DRIVE, SUITE 3
CLEARWATER FL 33763-023
US

Mailing Address

C/O E. LEBRON FREE, P.A.
2725 PARK DRIVE, SUITE 3
CLEARWATER FL 33763-023
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/20/1995

4. FEI Number

59-3356426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FREE, E. LEBRON
2725 PARK DRIVE
SUITE 3
CLEARWATER FL 33763-1023

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
NAME **ARCHAMBAULT, CLAUDE**
STREET ADDRESS **39248 US 19 NO STE 134**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** ☒ DELETE
NAME **CARR, RHODES**
STREET ADDRESS **39248 US 19 NO STE 345**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DVP** ☒ DELETE
NAME **MUNTER, CHARLES**
STREET ADDRESS **39248 US 19 NORTH STE 323**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DP** ☐ DELETE
NAME **HOUGH, WILLIAM**
STREET ADDRESS **39248 US 19 N 222**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DT** ☐ DELETE
NAME **VOGEL, MARTY**
STREET ADDRESS **39248 US 19 N 364**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** ☒ DELETE
NAME **ELSTRO, ED**
STREET ADDRESS **39248 U.S. 19 N., #277**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DVP** ☐ Change ☒ Addition
1.2 NAME **EVANS, ROBERT**
1.3 STREET ADDRESS **39248 U.S. 19 NO., STE 239**
1.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

2.1 TITLE **DS** ☐ Change ☒ Addition
2.2 NAME **ARLE, MYRT**
2.3 STREET ADDRESS **39248 U.S. 19 NO., STE 326**
2.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **BOLTON, HUGH**
3.3 STREET ADDRESS **39248 U.S. 19 NO., STE 296**
3.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **COLLINS, WESLEY**
4.3 STREET ADDRESS **39248 U.S. 19 NO., STE 336**
4.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **CARDELLI, RAY**
5.3 STREET ADDRESS **39248 U.S. 19 NO., STE 362**
5.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **COLLSON, ROBERT**
6.3 STREET ADDRESS **39248 U.S. 19 NO., STE 303**
6.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED 4/30/99**

Date

Daytime Phone #

(727) 943-9805

CR2E037 (11/98)