

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005522

1. Entity Name

SUN VALLEY HOMEOWNERS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90080 035 ****61.25

Principal Place of Business	Mailing Address
C/O E. LEBRON FREE, P.A. 2725 PARK DRIVE, SUITE 3 CLEARWATER FL 33763-023 US	C/O E. LEBRON FREE, P.A. 2725 PARK DRIVE, SUITE 3 CLEARWATER FL 33763-1023 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3356426	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREE, E. LEBRON 2725 PARK DRIVE SUITE 3 CLEARWATER FL 33763-1023	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DVP D/S <input type="checkbox"/> Delete	TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, ROBERT	NAME	MARTIN, JAMES
STREET ADDRESS	39248 US 19NO STE 239	STREET ADDRESS	39248 U.S. 19 N. #201
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	DS <input type="checkbox"/> Delete	TITLE	DIT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLE, MYRT	NAME	VOGEL, MARLENE
STREET ADDRESS	39248 US 19 NO STE326	STREET ADDRESS	39248 U.S. 19 N #364
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLTON, HUGH	NAME	BOWMAN, WALTER
STREET ADDRESS	39249 US 19 NO STE 296	STREET ADDRESS	39248 U.S. 19 N. #221
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, WESLEY	NAME	DUANE, AL
STREET ADDRESS	39248 US 169 NO STE 336	STREET ADDRESS	39248 U.S. 19 N #113
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	CORDELLO, RAY	NAME	
STREET ADDRESS	39248 US 19 NO STE 362	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	COULSON, ROBERT	NAME	
STREET ADDRESS	369248 US 19 NO STE 303	STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	

12. 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 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: SIGNATURE REQUIRED 4/14/00 (727) 938-6126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #