

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90036 036 ****61.25

DOCUMENT # N95000005522

1. Entity Name
SUN VALLEY HOMEOWNERS, INC.



Principal Place of Business
39248 US 19 NORTH #221
TARPON SPRINGS, FL 34689 US

Mailing Address
39248 US 19 NORTH #221
TARPON SPRINGS, FL 34689 US

24032665

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3356426

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWMAN, WALTER D
39248 US 19 NORTH #221
TARPON SPRINGS, FL 34689

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete
NAME COATES, PHYLLIS
STREET ADDRESS 39248 US 19 N # 342
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D ☐ Change ☒ Addition
NAME JUDY KING
STREET ADDRESS 39248 US 19 N # 149
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE SD ☒ Delete
NAME CUTTING, NORMA
STREET ADDRESS 39248 US 19 N # 283
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE SD ☐ Change ☒ Addition
NAME LILLIAN SCHAEFER
STREET ADDRESS 39248 US 19 N # 314
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D ☐ Delete
NAME TIEFENTHAL, JOHN
STREET ADDRESS 39248 US 19 N, #214
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D ☐ Change ☒ Addition
NAME PETER GEORGANTIS
STREET ADDRESS 39248 US 19 N # 150
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D ☐ Delete
NAME HAYNES, PAT
STREET ADDRESS 39248 U.S. 19 NORTH #220
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE D ☐ Change ☒ Addition
NAME CHARLIE LITTLE
STREET ADDRESS 39248 US 19 N # 286
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE DVP ☐ Delete
NAME ALLEN, GARY
STREET ADDRESS 39248 US 19 N # 282
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE PD ☒ Change ☐ Addition
NAME GARY ALLEN
STREET ADDRESS 39248 US 19 N # 282
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE PD ☐ Delete
NAME PURCHASE, RICHARD
STREET ADDRESS 39248 U.S. 19 NORTH #101
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE LVP ☒ Change ☐ Addition
NAME RICHARD PURCHASE
STREET ADDRESS 39248 US 19 N # 101
CITY-ST-ZIP TARPON SPRINGS, FL 34689

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-
03.23.04 944-3615