SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $...)

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 AUG 25 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/29/99 90023029 $61.25

DOCUMENT # N97000003557 ✓

1. Corporation Name
SUNSET BAYOU HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
428 SW CAROLINA STREET MILTON FL 32570	428 SW CAROLINA STREET MILTON FL 32570

2. Principal Place of Business: 21 6512 Caroline Street	2a. Mailing Address: 26 P.O. Box 3654	3. Date Incorporated or Qualified: 06/18/1997
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27	4. FEI Number: 59-3598061 APPLIED FOR [illegible] ☐ Applied For ☐ Not Applicable
City & State: 23 Milton, Fl.	City & State: 28 Milton, Fl.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 24 32570 Country: 25 Santa Rosa	Zip: 29 32572 Country: 30 Santa Rosa	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OTIS, BEN C 428 SW CAROLINA STREET MILTON FL 32570	51 Name 52 Street Address (P.O. Box Number is Not Acceptable) 53 54 City FL 55 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OTIS, BEN C		1.2 NAME	
STREET ADDRESS	P.O. BOX 3654 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32572		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, A. ANTHONY		2.2 NAME	
STREET ADDRESS	P.O. BOX 3654 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32572		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, DENNIS		3.2 NAME	
STREET ADDRESS	3656 HIGHWAY 90		3.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 REQUIRED 7/20/99 (850)623-2822 or 210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)

KE