

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005226
 1. Entity Name
 SUNSET VIEW APARTMENTS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 172 BERTON DRIVE
 LAKE PLACID, FL 33852

Mailing Address
 2017 SW 67TH DR
 OKEECHOBEE, FL 34974 US



01112006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
 59-3473476

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RHOADES, CLIFFORD R
 227 N. RIDGEWOOD DR.
 SEBRING, FL 33870

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD ENFINGER, DANIEL M 1535 SW 67TH DR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHARTIER, RICHARD E 2017 SW 67TH DR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENFINGER, CINDY 1535 SW 67TH DR OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESKAR, DAVID 100 NW 70TH AVE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/06/06-80091-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Date: 1/23/06 Daytime Phone #: 863 467-9090
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR