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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000042898

1. Corporation Name

SUN 'N	LAKE PROPERTIES, INC.						
Principal Place	e of Business	Mailing Address			4 18611891 tre (84th 84th) 88th 88th 88th 88th		1 <b>8</b> 187 1811 1881
4119 SUN 'N LAKE BLVD 129 SOUTH COMMERCE AVE SEBRING FL 33872 SEBRING FL 33872-131					DO NOT INDITE IN THE	ID DDACE	
		US			DO NOT WRITE IN THE  3. Date Incorporated or Qualifed	S SPACE	
					06/06/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26			65-0501605		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee.Red	I
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 ( Added to	
Zip	Country	Zip	Country	/	8. This corporation owes the current year I	ntangible	
24	25	29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			
MCCOLLUM, JAMES F.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
129 S COMMERCE AVE SEBRING FL 33870			83				
SEDI	MING 1 E 33070		83				
			84	' '	F		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autho	nzed by	the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	jistered
	Signature, typed or printed name of registered agei			nt signature require	ad when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS /	AND DIDECTO	DC IN 12
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	pd Severino, robert	OLLETE	1.2 NAME				
NAME	6520 MATANZSAS DR			T ADDRESS			
STREET ADDRESS	SEBRING FL		1.4 CITY-S	Ì			
CITY-ST-ZIP TITLE			2.1 TITLE	,,- <u></u>		☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS	•		]
CITY-ST-ZIP			2. 4 CiTY-	ST-ZIP			~~
TITLE	,		3.1 TITLE			Change	☐ Addition
NAME	SEVERINO, DARRYLIN D.	į	3.2 NAME	- [			
STREET ADDRESS	6520 MATANZAS DRIVE		3.3 STREE	TADDRESS			ĺ
CITY-ST-ZIP			3.4 CITY-	ST-ZIP			Addition
TITLE			4.1 TITLE			Change	Addition
NAME			4. 2 NAME	1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	51-ZIP		Change	Addition
TITLE			5.2 NAME			_ ,	-
NAME STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY- S				
TITLE		□ DELETE	6.1 TITLE		<del></del>	☐ Change	Addition

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 607, 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS