

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90162 035 \*\*\*158.75

DOCUMENT # P98000022381

1. Corporation Name

COMMUNITY SUNLAKE CORPORATION

Principal Place of Business

2637 MCCORMICK DRIVE  
STE B  
CLEARWATER FL 34619

Mailing Address

2637 MCCORMICK DRIVE  
STE B  
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1998

4. FEI Number

58-2426218

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes No

9. Name and Address of Current Registered Agent

GAYNOR, JOSEPH W ESQ  
2637 MCCORMICK DRIVE  
STE B  
CLEARWATER FL 34619 33759

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph W. Gaynor		
1.3 STREET ADDRESS	2637 McCormick Drive, Ste. B		
1.4 CITY-ST-ZIP	Clearwater, FL 33759		
2.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Phillip C. Giovinco		
2.3 STREET ADDRESS	2 Pond's Edge Drive		
2.4 CITY-ST-ZIP	Chadds Ford, PA 19317		
3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Scott W. Schewe		
3.3 STREET ADDRESS	3340 Peachtree Road, NE		
3.4 CITY-ST-ZIP	Atlanta, GA 30326		
4.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Janet L. Johnson		
4.3 STREET ADDRESS	2 Pond's Edge Drive		
4.4 CITY-ST-ZIP	Chadds Ford, PA 19317		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 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.

SIGNATURE:

Phillip C. Giovinco

APR 15 1999

Date

Daytime Phone #

(610) 388-9600

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