# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:09

DOCUMENT # 718391 (6)

1. Corporation Name
SUNSHINE TOWERS APARTMENT RESIDENCES ASSOCIATION , INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1243 S. GREENWOOD A<br>CLEARWATER FL 34616<br>US | 7850 ULMERTON RD. STE. 1<br>LARGO FL 34641-4057 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1970
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-1727900 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

HOLIDAY ISLES PROPERTY MGT., INC
7850 ULMERTON RD., SUITE 2
LARGO FL 34641

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | SD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DRISCOLL, MAUREEN | 1.2 NAME | | |
| STREET ADDRESS | 1243 S.GREENWOOD, #401B | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | | |
| TITLE | ~~VD~~ | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | ~~AMENDOLA, GEORGE~~ | 2.2 NAME | | |
| STREET ADDRESS | ~~1240 S GREENWOOD AV C302~~ | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~CLEARWATER FL~~ | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HANTSCHEL, JULIA | 3.2 NAME | | |
| STREET ADDRESS | 1243 S. GREENWOOD AVE. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 3.4 CITY-ST-ZIP | | |
| TITLE | ~~TD~~ | 4.1 TITLE | P/D | ☒ Change ☐ Addition |
| NAME | SHANNON, EVELYN | 4.2 NAME | | |
| STREET ADDRESS | 1243 S. GREENWOOD A B102 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 4.4 CITY-ST-ZIP | | |
| TITLE | ~~PD~~ | 5.1 TITLE | T/D | ☐ Change ☒ Addition |
| NAME | ~~WILLIAMSON, STANLEY~~ | 5.2 NAME | Tom Smith | |
| STREET ADDRESS | ~~1240 S GREENWOOD AV C205~~ | 5.3 STREET ADDRESS | 1243 S. Greenwood Ave,C105 | |
| CITY-ST-ZIP | ~~CLEARWATER FL~~ | 5.4 CITY-ST-ZIP | Clearwater,FL | |
| TITLE | | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Evelyn Shannon JAN. 17, '95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Evelyn Shannon — Daytime Phone #

0030010