

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90028 008 \*\*\*\*61.25

**DOCUMENT # 718391**

1. Entity Name  
**SUNSHINE TOWERS APARTMENT RESIDENCES ASSOCIATION**

Principal Place of Business 1243 S. GREENWOOD A CLEARWATER FL 34616 US	Mailing Address 7850 ULMERTON RD. STE. 1 LARGO FL 33771-4015
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00012193



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1727900</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME <b>SD DRISCOLL, MAUREEN</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1243 S.GREENWOOD, #401B</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE NAME <b>TD CHARLEBOIS, LOUIS</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1243 S GREENWOOD AVE, #A-403</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE NAME <b>VPD DAWE, MAURICE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>1243 S GREENWOOD AVE #A-502</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE NAME <b>PD CHAMPION, WENDELL</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1243 S GREENWOOD AVE, C-503</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <b>VPD TERRY BERRY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>1243 S. GREENWOOD AVE. A102</b>	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

12. 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 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: SIGNATURE REQUIRED 1/12/00 727-530-4517  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #