

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90127 044 ****61.25

DOCUMENT # 754591

1. Entity Name

**SUNSHINE ON INDIAN SHORES CONDOMINIUM ASSOCIATIO
N. INC.**

Principal Place of Business 2180 W SR 434 STE 5000 LONGWOOD FL 32779 US	Mailing Address 2180 W SR 434 STE 5000 LONGWOOD FL 32779 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-2438146	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W. JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUJILLO, ALFREDO 6407 AMBASSADOR TAMPA FL 33615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWIRBUL, RICHARD C 4938 BAYWAY DR TAMPA FL 33629	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHETTL, SUZANNE 1670 FOX RD CLEARWATER FL 33764	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANK, MARY SUE 2611 BAYSHORE BLVD #907 TAMPA FL 33629-7344	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYNES, MARGIE 5103 S NICHOLAS ST TAMPA FL 33611-4115	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Alfredo Trujillo* **President** **3/4/02** **813-884-9261**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)