2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# 754591

Entity Name: SUNSHINE ON INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2438146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BELLANTE, DIANE	
Address:	14706 CROYDON PL	
City-St-Zip:	TAMPA, FL 33618	
Title:	VPD	( ) Delete
Name:	KYNES, JOHN	
Address:	4711 MELROSE AVE	
City-St-Zip:	TAMPA, FL 33629	
Title:	SD	( ) Delete
Name:	SHETTLE, SUZANNE	
Address:	1670 FOX RD	
City-St-Zip:	CLEARWATER, FL 33618 33	
Title:	TD	( ) Delete
Name:	SWIRBUL, RICHARD C	
Address:	2513 B W MARYLAND AVE	
City-St-Zip:	TAMPA, FL 33629	
Title:	D	( ) Delete
Name:	BLANKS, PAUL	
Address:	1951 TRENTON DR	
City-St-Zip:	TAMPA, FL 48183	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	NIRMUAL, SHAWN	
Address:	154 BARRINGTON DR	
City-St-Zip:	BRANDON, FL 33511	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE BELLANTE PD 04/12/2005

Electronic Signature of Signing Officer or Director — Date