

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90207 022 ****61.25

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DOCUMENT # 754591

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



Principal Place of Business Mailing Address

2180 W SR 434 2180 W SR 434
STE 5000 STE 5000
LONGWOOD FL 32779 LONGWOOD FL 32779
US US

10086079



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE BELLANTE	
STREET ADDRESS	14706 CROYDON PLACE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN KYNES	
STREET ADDRESS	4711 MELROSE AVE. WEST	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **4/12/2003** 727-799-8800

CR2E037 (10/02)