2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003441

1. Entity Name
SUNSHINE VILLAS BY THE COURTYARD, INC.

Principal Place of Business	Mailing Address
5304 NW 16 ST LAUDERHILL, FL 33313	5304 NW 16 ST LAUDERHILL, FL 33313

04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1099902

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARMAN, GUY
3801 S OCEAN DR 4Z
HOLLYWOOD, FL 33019

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2004

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

U00000163259
07/06/04-80006-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, MARGARET V
STREET ADDRESS	5304 NW 16 ST
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	D
NAME	ELZEVIR, FANIE
STREET ADDRESS	12202 NW CT
CITY-ST-ZIP	N MIAMI, FL 33168
TITLE	D
NAME	DEXTRA, JOSEPH
STREET ADDRESS	258 NW 41 ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-1-04 954-549-939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #