

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90298 013 ****61.25

DOCUMENT # 762123

1. Entity Name

SUNSHINE HOLIDAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2783 NW 29TH STREET
FORT LAUDERDALE FL 33311
US

Mailing Address

2783 NW 29TH STREET
FORT LAUDERDALE FL 33311
US

2. Principal Place of Business

3. Mailing Address

3006 N.W. 28th WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OAKLAND PARK - FT LAUDERDALE

Zip

Country

Zip

Country

33311

FL

4. FEI Number

65-0078928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LACHANCE, FERNANDO
2783 NW 29TH STREET
OAKLAND PARK FL 33311

7. Name and Address of New Registered Agent

Name

LACHANCE FERNANDO

Street Address (P.O. Box Number is Not Acceptable)

3006 N.W. 28th WAY

City

OAKLAND PARK FT LAUDERDALE FL

Zip Code

33311

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

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
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	P LEGAULT, ANDRE 3007 N.W. 28TH LANE OAKLAND PARK FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALPEAULT, LUCIEN 3024 N.W. 28TH TERRACE OAKLAND PARK FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LACHANCE, FERNANDO 2783 N.W. 29TH STREET OAKLAND PARK FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTE, LORRAINE 2764 NW 29TH STREET OAKLAND PARK FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, HERMANN 3028 LANE 28TH N.W. OAKLAND PARK FL 33311	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHABBAZ, HATEM 3002 28TH WAY OAKLAND PARK FL 33311	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & TREASURER LACHANCE FERNANDO 3006 N.W. 28TH WAY OAKLAND PARK FT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President LEGAULT DONALD 2844 N.W. 29TH STREET OAKLAND PARK FT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MATTE LORRAINE 2764 - N.W. 29TH STREET OAKLAND PARK FT LAUDERDALE FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ADAM GISELE 3031 N.W. 28TH TERRACE OAKLAND PARK FT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MESMECHON PAULA 2804 N.W. 29TH STREET OAKLAND PARK FT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR URESZAT LUTZ 2836 N.W. 29TH STREET OAKLAND PARK FT LAUDERDALE FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

L. Matte L. MATTE

12/03/04 (954) 737-8916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #