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 all other like empowered.

SIGNATURE: VASILIADES, ANTHONY

Electronic Signature of Signing Officer/Director Detail

Date

#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 748746**

Entity Name: SUNSHINE CONDOMINIUM APTS., INC.

#### **Current Principal Place of Business:**

2829 VAN BUREN STREET HOLLYWOOD, FL 33020

## **Current Mailing Address:**

2829 VAN BUREN STREET #106 HOLLYWOOD, FL 33020 US

# FEI Number: 59-2010072

### Name and Address of Current Registered Agent:

VASILIADES, ANTHONY 2829 VAN BUREN STREET 108 HOLLYWOOD, FL 33020 US

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	VASILIADES, ANTHONY		01/27/2024
	Electronic Signature of Registered Agent		Date
Officer/Director Detail :			
Title	VP	Title	PRESIDENT
Name	GRANTHAM, JEREMIAH	Name	VASILIADES, ANTHONY
Address	2829 VAN BUREN STREET	Address	2829 VAN BUREN STREET, UNIT 108
City-State-Zip:	UNIT 208 HOLLYWOOD FL 33020	City-State-Zip:	HOLLYWOOD FL 33020
Title Name Address City-State-Zip:	SECRETARY/TREASURER BLACKBURN, MAGGIE 2829 VAN BUREN STREET 106 HOLLYWOOD FL 33020	Title Name Address City-State-Zip:	BOARD MEMBER BENKO, SYLVIA 4156 NW 90 AVE. 203 CORAL SPRINGS FL 33065
eny etate zip.			

I hereby 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

01/27/2024

PRESIDENT

FILED Jan 27, 2024 Secretary of State 4768536988CC

Certificate of Status Desired: Yes