

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 514352

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** SUNSHINE CITY MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

495 COMMODORE DR.  
PLANTATION, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

495 COMMODORE DR.  
PLANTATION, FL 33325

**New Mailing Address:**

FEI Number: 59-1707578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWARD, WILLIAM M  
1333 S UNIVERSITY DR.  
SUITE 201  
PLANTATION, FL 33324 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  
Name: EDWARDS, MAX W  
Address: 500 TODD CIRCLE  
City-St-Zip: WINGATE, NC

Title: V  
Name: EDWARDS, CHRISTINE D.  
Address: 500 TODD CIRCLE  
City-St-Zip: WINGATE, NC

Title: TS  
Name: EDWARDS, MAX W. JR.  
Address: 13331 N.W. 5TH ST  
City-St-Zip: PLANTATION, FL

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAX EDWARDS JR.

T/S

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date