

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90019 043 ****61.25

DOCUMENT # 707747

1. Corporation Name

SUNSHINE REGION, NATIONAL MODEL RAILROAD ASSOCIATION, INC.

92435 - 90019 - 43

Principal Place of Business

212 N LAKE HARTRIDGE DR
STE. 1A
WINTER HAVEN FL 33881
US

Mailing Address

212 N LAKE HARTRIDGE DR
STE. 1A
WINTER HAVEN FL 33316
US



2. Principal Place of Business

21 S. ANDREWS AVE
FT LAUDERDALE, FL 33316

2a. Mailing Address

1711 S. ANDREWS AVE
FT. LAUDERDALE, FL 33316

3. Date Incorporated or Qualified

08/25/1964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

33316 25 USA

Zip

Country

33316 30

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CHAIT, ROBERT E
1711 S ANDREWS AVE
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Robert E Chait ROBERT CHAIT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5 JAN 99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
VPD	GREENBAUM, ROBERT	7959 9TH AVE S	ST PETERSBURG FL	<input type="checkbox"/>
S/D	ROBERGE, WALTER L	212 N. LAKE HARTRIDGE DR.	WINTER HAVEN FL 33881	<input checked="" type="checkbox"/>
PD	FUSSELL, LYMAN	135 SULKY WAY	WEST PALM BEACH FL	<input type="checkbox"/>
TD	CHAIT, ROBERT E	1711 S ANDREWS AVE	FT LAUDERDALE FL	<input type="checkbox"/>
D	FELLOWS, BILL	1719 PAPAYA DR. E.	ORANGE PARK FL	<input checked="" type="checkbox"/>
D	BEATTY, JAMES M.	5452 BENEVA WOODS CIRCLE	SARASOTA FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
S/D	GANGWISH, ROBER	1704 S. LAKE REEPEY BLVD.	FT LAUDERDALE FL 33313	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E Chait
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 JAN 99 (954) 522-8111
Date Daytime Phone #

CR2E037 (11/98)