

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713434** (9)

1. Corporation Name  
**FLORIDA SUNSHINE APARTMENTS, INC.**



Principal Place of Business <b>301 EAST CAROLINA ST TALLAHASSEE FL 32301-1209</b>	Mailing Address <b>50 WEST LUCERNE CIRCLE ORLANDO FL 32801-3740</b>
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3. Date Incorporated or Qualified <b>10/10/1967</b>	3a. Date of Last Report <b>04/09/1996</b>
4. FEI Number <b>59-1300852</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**KEITH, HENRY T  
50 WEST LUCERNE CIR  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MILLS, CRAIG	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	206 E SINCLAIR DR	1.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V EMERSON, JAMES F.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 W. LUCERNE CIRCLE	2.2 NAME	
STREET ADDRESS	ORLANDO FL 32801	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	T KEITH, HENRY T.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 WEST LUCERNE CIR	3.2 NAME	
STREET ADDRESS	ORLANDO FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	SD BARRINEAU, PATRICIA M.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1416 CRESTVIEW AVENUE	4.2 NAME	
STREET ADDRESS	TALLAHASSEE FL 32303	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	AS SMAAGE, DONNA M.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 W. LUCERNE CIRCLE	5.2 NAME	
STREET ADDRESS	ORLANDO FL 32801	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D DAVIS, CAROL F	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	524 DORADO AVENUE	6.2 NAME	
STREET ADDRESS	FT WALTON BEACH FL 32548	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Donna M. Smaage **REQUIRED** 4/10/97 407-839-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015996

CR2E037 (9/96)