

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 716143

1. Entity Name  
OPTIMIST CLUB OF SUNILAND, INC.



Principal Place of Business

12855 S DIXIE HWY  
P.O. BOX 560403  
PINECREST, FL 33156

Mailing Address

12855 S DIXIE HWY  
P.O. BOX 560403  
PINECREST, FL 33156

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-2289503

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, ERIC  
8300 SW 119 ST.  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME MONTALVO, RALPH  
STREET ADDRESS 851 SAN PEDRO AVE.  
CITY-ST-ZIP MIAMI, FL 33156

TITLE P  
NAME STEPHENS, ERIC  
STREET ADDRESS 8300 SW 119 ST.  
CITY-ST-ZIP MIAMI, FL 33156

TITLE S  
NAME GABLE, LYNNE  
STREET ADDRESS 8340 SW 94 ST.  
CITY-ST-ZIP PINECREST, FL 33156

TITLE T  
NAME BURGESS, KAREN  
STREET ADDRESS 11905 SW 73 AVE  
CITY-ST-ZIP PINECREST, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000385148  
01/18/06-80005-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Karen Burgess, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-06  
Date

(305) 234-9613  
Daytime Phone #