2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718391

FILED Mar 31, 2005 Secretary of State

Entity Name: SUNSHINE TOWERS APARTMENT RESIDENCES ASSOCIATION, INC.

Name and Address of Current Registered Agent: Name and Address of New Registered REARDON, MAUREEN C 7850 ULMERTON RD., SUITE 2 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida. SIGNATURE: MAUREEN REARDON Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS Title: VD () Delete Title: CHARLEBOIS, LOUIS Address: 1243 S GREENWOOD AVE, #A-403 City-St-Zip: CLEARWATER, FL Title: PD () Delete Title: PD () Delete Title: City-St-Zip: City-St-Zip: City-St-Zip: Torony Sprinks HILL, FL 34609 City-St-Zip: Title: D () Change () Addition Name: BERRY, TERRY Name: Address: 298 QUANE AVE. City-St-Zip: Torony Sprinks HILL, FL 34609 City-St-Zip: Title: D () Change () Addition Name: Address: 1243 S. MILK AVE. #C205 City-St-Zip: TORONTO, ONTARIO, CA M2H 3N3 City-St-Zip: Torony Ontario, CA M2H 3N3 City-St-Zip: Title: D () Change () Addition Name: Address: 1243 S. MILK AVE. #C205 City-St-Zip: Torony Ontario, CA M2H 3N3 City-St-Zip: Title: D () Change () Addition Name: Address: 1243 S. MILK AVE. #C205 City-St-Zip: Title: D () Change () Addition Name: Address: 1243 S. MILK AVE. #C205 City-St-Zip: Title: D () Change () Addition Name: Address: 1243 S. MILK AVE. Addition Name: City-St-Zip: CIEARWATER, FL 33756 City-St-Zip: Ciearwater Ciearwater Ciearwater Ciearwa								
Current Mailing Address: Current Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 FEI Number: 59-1727900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Stat Name and Address of Current Registered Agent: Name and Address of Current Registered Agent: Name and Address of New Registered HOLIDAY ISLES PROPERTY MGT., INC 7850 ULMERTON RD. SUITE 2 LARGO, FL 33771 US The above named entity submits this statement for the purpose of changing its registered office or registere in the State of Florida. SIGNATURE: MAUREEN REARDON Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS. ADDITIONS/CHANGES TO OFFICERS. Title: VD () Delete Name: CHARLEBOIS, LOUIS Address: City-St-Zip: CILEARWATER, FL Title: PD () Delete Name: BERRY, TERRY Address: City-St-Zip: Title: D () Delete Name: SOLER, MANUEL Name: Address: City-St-Zip: TORONTO, ONTARIO, CA M2H 3N3 Title: TD () Delete Name: AMMORE, DARYL Address: City-St-Zip: TORONTO, ONTARIO, CA M2H 3N3 Title: TD () Delete Name: AMMORE, DARYL Name: CIty-St-Zip: TORONTO, ONTARIO, CA M2H 3N3 Title: D () Delete Title: D () Change () Addition Name: EVALAD, JOANNIE Name: EVALAD, JOANNIE Name: CIty-St-Zip: Title: Name: ZOMPANIS, DINO Address: 1243 S. MLK JR. AVE. A404 Address: 1243 S. MLK JR. AVE. A404	Current Principal Place of Business:				New Principal Place of Business:			
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in the State of Florida. SIGNATURE: MAUREEN REARDON Date	7850 ULMERTON RD., SUITE 2				4151 WOODLANDS PARKWAY			
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS. Title: VD () Delete Title: () Change () Addition Name: Address: () CLEARWATER, FL Title: PD () Delete Title: () Change () Addition Name: Address: () Change () Addition Name: Address: () Clearwater, FL Title: PD () Delete Title: () Change () Addition Name: Address: () Change () Addition Name: () Change () Ad			submits this statement for the p	ourpose o	f changing i	ts registere	ed office or registered agent, or both,	
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City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: CLEARWATER, FL 33765	Name:	ZOMPANIS, DIN 1243 S. MLK JR	IO R. AVE. A502		Name:	EWLAD, JO 1243 S. ML	K JR. AVE. A404	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY BERRY PD 03/31/2005