2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# 718391

Entity Name: SUNSHINE TOWERS APARTMENT RESIDENCES ASSOCIATION, INC.

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-1727900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: VD ( ) Delete
Name: CHARLEBOIS, LOUIS
Address: 1243 S GREENWOOD AVE, #A-403
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete
Name: RUSSEL, JOSEPH
Address: 1243 S. MLK AVE. #B103
City-St-Zip: SPRING HILL, FL 34609

Title: TD ( ) Delete
Name: AMMERMAN, DAWAIN
Address: 1243 S. MLK AVE. #C205
City-St-Zip: TORONTO, ONTARIO, CA M2H 3N3

Title: PD ( ) Delete
Name: AMORE, DARYL
Address: 1243 S. MLK JR., AVE. A401
City-St-Zip: CLEARWATER, FL 33756

Title: SD ( ) Delete
Name: EWLAD, JOANNE
Address: 1243 S. MLK JR. AVE. A404
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: STINGER, ROSEMARY
Address: 1243 S. MLK JR. AVE. A204
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DARYL AMORE PD 04/04/2007

Electronic Signature of Signing Officer or Director — Date