

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738858

FILED  
Feb 13, 2007  
Secretary of State

**Entity Name:** SUNSHINE VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

21150 GERTRUDE AVE  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 494016  
PORT CHARLOTTE, FL 33949 US

**New Mailing Address:**

**FEI Number:** 59-1824955      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAR HOSPITALITY MANAGEMENT  
6025 TAYLOR RD, # 2  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

NIELSEN, ALLAN T  
26148 COPIAPO CIRCLE  
PUNTA GORDA, FL 33983 US

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: ALLAN NIELSEN

02/13/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: NIELSEN, ALLAN  
Address: 21648 COPIAPO CIR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: VD ( ) Delete  
Name: MORGAN, HARRY  
Address: 21150 GERTRUDE AVE, # T-4  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: ERTCELL, DONALD  
Address: 21150 GERTRUDE AVE, # 02  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Delete  
Name: REED, LOUSIE  
Address: 21150 GERTRUDE AVE #I-2  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P (X) Delete  
Name: SPEIDELL, GEORGE  
Address: 113 AURORA ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S (X) Delete  
Name: WILSON, MAE  
Address: 4301 SIBLEY BAY ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P (X) Change ( ) Addition  
Name: SPEIDELL, GEORGE  
Address: 113 AURORA ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S (X) Change ( ) Addition  
Name: BARBARA, BROOKS  
Address: 209 SPRINGVIEW CIR NW  
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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

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

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: ALLAN NIELSEN

T

02/13/2007

Electronic Signature of Signing Officer or Director

Date