

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738858

FILED
Mar 11, 2008
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:

NIELSEN, ALLAN T
26148 COPIAPO CIRCLE
PUNTA GORDA, FL 33983 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: T () Delete
Name: NIELSEN, ALLAN
Address: 21648 COPIAPO CIR
City-St-Zip: PUNTA GORDA, FL 33983

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: ERTEL, DONALD J
Address: 21150 GERTRUDE AVE, UNIT O2
City-St-Zip: PORT CHARLOTTE, FL 33949

I hereby certify that the information supplied with this filing does not qualify 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

03/11/2008

Electronic Signature of Signing Officer or Director

_____ Date