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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:18

DOCUMENT # 743652 (0)

1. Corporation Name

SUNSHINE ESTATES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

(154 SUNSHINE DR
PALM HARBOR FL 34684)

(154 SUNSHINE DR
PALM HARBOR FL 34684)

3320 SANDOKEY DR.
PALM HARBOR, FL 34684

3320 SANDOKEY DR.
PALM HARBOR, FL 34684

2. Principal Place of Business

2a. Mailing Address

21 3320 SANDOKEY DR.

26 3320 SANDOKEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PALM HARBOR, FL

27 SAME

City & State

City & State

23

28

Zip

Country

Zip

Country

24 34684

25 PINELLAS

29

30

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/20/1978

04/15/1994

4. FEI Number

Applied For

59-2360179

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

TAYLOR, JOHN
154 SUNSHINE DR
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name BECKER, RITA

82 Street Address (P.O. Box Number is Not Acceptable)
3320 SANDOKEY DR.

83

84 City PALM HARBOR, FL 85 Zip Code 34684

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Rita Becker

TREASURER Rita Becker 3-1-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MERCIER, LEO
STREET ADDRESS 172 SUNWARD AVENUE
CITY-ST-ZIP PALM HARBOR, FL 0

1.1 TITLE P
1.2 NAME TAYLOR, JOHN
1.3 STREET ADDRESS 154 SUNSHINE DR.
1.4 CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE V
NAME BECKER, RITA
STREET ADDRESS 3320 SANDOKEY DR
CITY-ST-ZIP PALM HARBOR, FL 0

2.1 TITLE V
2.2 NAME MERCIER, LEO
2.3 STREET ADDRESS 172 SUNWARD AVE
2.4 CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE S
NAME JACKSON, MARION
STREET ADDRESS 161 SUNWARD AVE.
CITY-ST-ZIP PALM HARBOR FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME TAYLOR, JOHN
STREET ADDRESS 154 SUNSHINE DR
CITY-ST-ZIP PALM HARBOR FL

4.1 TITLE T
4.2 NAME BECKER, RITA
4.3 STREET ADDRESS 3320 SANDOKEY DR.
4.4 CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE D
NAME BROKER, HAROLD
STREET ADDRESS 155 LAGOON WAY
CITY-ST-ZIP PALM HARBOR FL

5.1 TITLE D
5.2 NAME BROKER, JANE
5.3 STREET ADDRESS 155 LAGOON
5.4 CITY-ST-ZIP PALM HARBOR, FL

TITLE D
NAME DARLING, RITA
STREET ADDRESS 3250 CAUSEWAY DR
CITY-ST-ZIP PALM HARBOR FL

6.1 TITLE D
6.2 NAME BECKER, ERVIN
6.3 STREET ADDRESS 3320 SAND KEY DR
6.4 CITY-ST-ZIP PALM HARBOR, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John P. Taylor, TREASURER 2-14-95 813-784-5772
Rita Becker 3-17-95 813-785-9853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number