

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743652 (0)
1. Corporation Name
SUNSHINE ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**3320 SANDKEY DR.
PALM HARBOR FL 34684
US**

Mailing Address
**3320 SANDKEY DR
PALM HARBOR FL 34684
US**

3. Date Incorporated or Qualified
07/20/1978

3a. Date of Last Report
04/14/1995

4. FEI Number
59-2360179

Applied For
☒ 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**

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 **3320 Sand Key Dr.**
City & State
23 Zip Country
24 **3320 Sand Key Dr.**
City & State
25 Zip Country
26 **3320 Sand Key Dr.**
City & State
27 Zip Country
28 **3320 Sand Key Dr.**
City & State
29 Zip Country
30 **3320 Sand Key Dr.**
City & State

9. Name and Address of Current Registered Agent

**BECKER, RITA
3320 SANDKEY DR.
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, JOHN	
STREET ADDRESS	154 SUNSHINE DR.	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MERCIER, LEO	
STREET ADDRESS	172 SUNWARD AVE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, MARION	
STREET ADDRESS	161 SUNWARD AVE.	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BECKER, RITA	
STREET ADDRESS	3320 SANDKEY DR.	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROKER, JANE	
STREET ADDRESS	155 LAGOON	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, ERVIN	
STREET ADDRESS	3320 SANDKEY DR	
CITY - ST - ZIP	PALM HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KAREN BAVARO
2.3 STREET ADDRESS	151 SUNSHINE DR.
2.4 CITY - ST - ZIP	PALM HARBOR, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLADYS GARDNER
3.3 STREET ADDRESS	10 SALT CIRCLE
3.4 CITY - ST - ZIP	PALM HARBOR, FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rita Becker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 **813-785-9853**
Date Daytime Phone #

CR2E037 (12/95)