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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743652 (0)**

1. Corporation Name

SUNSHINE ESTATES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

3320 SAND KEY DR
PALM HARBOR FL 34684
US

Mailing Address

3320 SAND KEY DR
PALM HARBOR FL 34684-1533
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

Zip

26

Country

27

City & State

28

Zip

29

Country

30

4. FEI Number

3. Date Incorporated or Qualified
07/20/1978

3a. Date of Last Report
04/09/1996

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes

No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE TAYLOR, JOHN 154 SUNSHINE DR. PALM HARBOR FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input type="checkbox"/> DELETE BAVARO, KAREN 151 SUNSHINE DR PALM HARBOR FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input type="checkbox"/> DELETE GARDNER, GLADYS 10 SALT CIR PALM HARBOR FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T	<input type="checkbox"/> DELETE BECKER, RITA 3320 SANDKEY DR. PALM HARBOR FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE BROKER, JANE 155 LAGOON PALM HARBOR FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE BECKER, ERVIN 3320 SANDKEY DR PALM HARBOR FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3-6-97 813-786-9863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068770

CR2E037 (9/96)