

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
US

3. Date incorporated or Qualified 07/20/1978
4. FEI Number 59-2360179
Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	85 Zip Code
FL	

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 _____ (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 type="checkbox"/> DELETE
NAME	BAVARO, KAREN
STREET ADDRESS	151 SUNSHINE DR
CITY-ST-ZIP	PALM HARBOR FL
TITLE	S <input type="checkbox"/> DELETE
NAME	GARDNER, GLADYS
STREET ADDRESS	10 SALT CIR
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, ERYN
STREET ADDRESS	3320 SANDKEY DR
CITY-ST-ZIP	PALM HARBOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TAYLOR, JOHN
1.3 STREET ADDRESS	154 SUNSHINE DR
1.4 CITY-ST-ZIP	PALM HARBOR, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAVARO, KAREN
2.3 STREET ADDRESS	151 SUNSHINE DR
2.4 CITY-ST-ZIP	PALM HARBOR, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 **4-2-98** **813-785-9853**

CR2E037 (10/97)