

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743652

1. Entity Name

SUNSHINE ESTATES HOME OWNERS ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90038 004 ****61.25

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

161 Seaside Ct
Suite, Apt. #, etc.

3. Mailing Address

161 Seaside Ct.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor FL

City & State

Palm Harbor FL

4. FEI Number

59-2360179

Applied For

☒ Not Applicable

Zip

34684 Pinellas

Zip

34684 Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER, RITA
3320 SANDKEY DR.
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name Patricia L. Plount
Street Address (P.O. Box Number is Not Acceptable)

156 Sunward Ave
City Palm Harbor FL Zip Code 34684

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | TAYLOR, JOHN | |
| STREET ADDRESS | 154 SUNSHINE DR. | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | BAVARO, KAREN | |
| STREET ADDRESS | 151 SUNSHINE DR | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | GARDNER, GLADYS | |
| STREET ADDRESS | 10 SALT CIR | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | T | <input checked="" 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 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Patricia A. Summers. | |
| STREET ADDRESS | 161 Seaside Ct. | |
| CITY-ST-ZIP | Palm Harbor FL 34684 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Maev Jane Obregtall | |
| STREET ADDRESS | 1100 Lake Taperon Dr. | |
| CITY-ST-ZIP | Palm Harbor FL 34684 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Patricia L. Plount | |
| STREET ADDRESS | 156 Sunward Ave. | |
| CITY-ST-ZIP | Palm Harbor FL 34684 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)