## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 743652**

Entity Name: SUNSHINE ESTATES HOME OWNERS ASSOCIATION, INC.

FILED May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 161 SEASIDE CT 156 SUNWARD AVE PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 US US **Current Mailing Address: New Mailing Address:** 161 SEASIDE CT 156 SUNWARD AVE PALM HARBOR, FL 34684 US PALM HARBOR, FL 34684 US FEI Number: 59-2360179 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PLOUNT, PATRICIA L 156 SUNWARD AVE PALM HARBOR, FL 34684 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SUMMERS, PATRICIA PLOUNT, PATRICIA Name: Name: 161 SEASIDE CT. Address: 156 SUNWARD AVE. Address: City-St-Zip: PALM HARBOR, FL 34084 City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: (X) Change ( ) Addition PLOUNT, PATRICIA Name: BAILEY, ERICH Name: Address: 156 SUNWARD AVE. Address: 3269 SPANISH MOSS City-St-Zip: PALM HARBOR, FL City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: (X) Change ( ) Addition BROKER, JANE BROKER, JANE Name: Name: Address: 155 LAGOON Address: 155 LAGOON City-St-Zip: PALM HARBOR, FL City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: (X) Change ( ) Addition Name: BECKER, ERVIN Name: BUNYAN, CHARLES Address: 3320 SANDKEY DR Address: 153 SUNWARD AVE City-St-Zip: PALM HARBOR, FL City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: () Change () Addition NELSON, AVA K Name: Name: 3209 PKWY PL Address: Address: City-St-Zip: PALM HARBOR, FL City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition KEENE, TAMI Name: Name: Address: Address: 164 SUNSHINE DR PALM HARBOR, FL 34684 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L. PLOUNT P 05/01/2002