


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90137 021 ****61.25

DOCUMENT # 752065 1. Entity Name SUNSHINE LAKE CIVIC ASSOCIATION, INC.					
Principal Place of Business 7320 CONGRESS ST NEW PORT RICHEY, FL 34653 US			Mailing Address MITCHELL T. GRADOWSKI 7438 DEMURE LN. NEW PT RICHEY, FL 34653 US		
2. Principal Place of Business 7413 Egress Ln. Suite, Apt. #, etc.			3. Mailing Address 7413 Egress Ln. Suite, Apt. #, etc.		
City & State NEW PORT RICHEY, FL Zip 34653 Country USA		City & State NEW PORT RICHEY, FL Zip 34653 Country USA		4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03242006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent DAVIS, LYNN 6603 BALLAD LANE NEW PORT RICHEY, FL 32653			7. Name and Address of New Registered Agent Name MARGARET E. SMITH Street Address (P.O. Box Number is Not Acceptable) 7413 Egress Ln. City NEW PORT RICHEY FL Zip Code 34653		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE MARGARET E. SMITH <i>Margaret E. Smith</i> APRIL 12, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, LYNN 310 ST LAWRENCE DR ONTARIO, CANADA, L37H7	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGARET E. SMITH 7413 EGRESS LN. NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELINAS, PAUL 6503 ACCENT LANE NEW PT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEVERLY JANZ 6604 BALLAD LN NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGLEY, THOMAS 6520 ACCENT LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE GOINGS 6638 BALLAD LN NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCOTT, ANNA MARIE 7439 GIMBEL LANE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT JONES 6547 LAMPREY LN. NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXELL, RONALD 7431 CARNIVAL LANE NEW PT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN FAHEY 7439 FAST LN. NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, SHIRLEY 6635 BALLAD LN NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LYNNE DAVIS <i>Lynne Davis</i> PRESIDENT APR. 12, 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

OR CALL MARGARET E. SMITH 727-841-8504