

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90007 025 ****61.25

DOCUMENT # 752065 1. Entity Name SUNSHINE LAKE CIVIC ASSOCIATION, INC.					
Principal Place of Business 7413 EGRESS LANE NEW PORT RICHEY, FL 34653 US			Mailing Address 7413 EGRESS LANE 7438 DEMORE LN. NEW PORT RICHEY, FL 34653 US		
2. Principal Place of Business - No P.O. Box # 6638 BALLAD LANE Suite, Apt. #, etc.		3. Mailing Address 6638 BALLAD LANE Suite, Apt. #, etc.			
City & State NEW PORT RICHEY, FL Zip 34653		City & State NEW PORT RICHEY, FL Zip 34653		4. FEI Number NOT APPLICABLE	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, MARGARET E 7413 EGRESS LANE NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent Name EUGENE GOINGS Street Address (P.O. Box Number is Not Acceptable) 6638 BALLAD LANE 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 <u>Eugene Goings Eugene Goings</u> 3-26-07 <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, 2007		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 P NAME DAVIS, LYNNE STREET ADDRESS 310 ST LAWRENCE DR CITY-ST-ZIP ONTARIO, CANADA, L3H7	<input checked="" type="checkbox"/> Delete		TITLE P NAME ROBERT E. JONES STREET ADDRESS 6547 LAMPREY LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SMITH, MARGARET E STREET ADDRESS 7413 EGRESS LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE VP NAME EUGENE GOINGS STREET ADDRESS 6638 BALLAD LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME JANZ, BEVERLY STREET ADDRESS 6604 BALLAD LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete		TITLE S NAME RITA PODNAR STREET ADDRESS 6652 BALLAD LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SCOTT, ANNA MARIE STREET ADDRESS 7439 GIMBEL LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE D NAME JOHN FAHEY STREET ADDRESS 7439 FAST LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME EXELL, RONALD STREET ADDRESS 7431 CARNIVAL LANE CITY-ST-ZIP NEW PT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE D NAME GEORGE SMELSER STREET ADDRESS 7420 HOB LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GOINES, EUGENE STREET ADDRESS 6638 BALLAD LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete		TITLE D NAME ROBERT PAXTON STREET ADDRESS 6531 JINGO LANE CITY-ST-ZIP NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" 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: ROBERT E. JONES, PRESIDENT <u>Robert E Jones</u> 3-26-07 585-967-1840 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

NEXT PAGE LAST DIRECTOR

ATTACHMENT

40043202

Attachment for

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
Document # 752065 For Sunshine Lake Estates

Title: D
Name: Robert Svehla 1 yr
Street Address: 7406 Hob Lane
City-ST-Zip: New Port Richey, Fl 34653