

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752793

FILED
Apr 20, 2005
Secretary of State

Entity Name: SUN HOME CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

117 NO. E STREET
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

5112 ARBOR GLEN CIRCLE
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0098437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATLANTIC FULCRUM, INC.
5112 ARBOR GLEN CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: REPO, KARI
Address: 9824 SHOAL CREEK LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: LANGLAIS, LIISA
Address: 1734 S 18TH AVEAD
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: GONZALES, CARLOS
Address: 117 NORTH EST.
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BACHMAN, GREG
Address: 5209 SANCERRE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

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: KARI REPO

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date