## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

STUART FL 34997

DOCUMENT # 756927

(0)

SUNSHINE MANOR ASSOCIATION, INC.

30113111	INC MANOT ACCOUNT						
Principal Place of Business  5000 S.E. FEDERAL HWY., LOT 168 STUART FL 34997		Mailing Address		4 100Kt 1600t Divin alian latin statt tast athet aren aren alen statt dien statt			
		5000 S.E. FEDERAL HWY., LOT 168 STUART FL 34997					
					3. Date Incorporated or Qualified 03/24/1981	3a. Date of Last Report 04/07/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-2370057	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	!		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees	
Z <sub>1</sub> p	Country 25	7ip	30	untry	8. This corporation has liability for int	tangible tax under s. 199.032, Yes 🔲 No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
KLUGE, I 5000 SE LOT 168	Martha Federal Hwy.			<ul><li>81 Name</li><li>82 Street</li><li>83</li></ul>	Address (P.O. Box Number is Not Acceptable	)	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

City

SIGNATURE	Signature, typing or printers name of registered agent and title if applical	DICTE D	ajistoren Agent samature re-	nar Saday rung babas	f)ATF	
12.	OFFICERS AND DIRECTOR:		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	TELETE	1.1 TITLE	P	Change Addition	
NAME	FASICK, WILLIAM	,	1.2 NAME	Rose mary Holman	,	
STREET ADDRESS	5000 SE FEDERAL HWY., LOT 26		13 STREET ADDRESS	5000 SE Federal Hv	vylot 180	
CITY-ST-ZIP	STUART, FL 00000		1.4 CITY - ST - ZIP	Stuart, FL 34997		
TITLE	VP	DELETE	2 1 TITLE	VP	Change 🔲 Addition	
NAME	SMITH, TED	,	2 2 NAME	Maryann Dillon		
STREET ADDRESS	5000 SE FEDERAL HWY., LOT 18		2.3 STREET ADDRESS	5000SE Federal Hwy	7.,Lot 24	
CITY - ST - ZIP	STUART FL		2 4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	\$	DELETE	3 1 TITLE	Ď	Change Addition	
NAME	KŁUGE, MARTHA <b>j</b> k		3 2 NAME	Ralph Brown	•	
STREET ADDRESS	5000 SE FED HWY LOT 168		3.3 STREET ADDRESS	5000 SE Federal Hv	vy., Lot 55	
CITY - ST - ZIP	STUART FL 34997		3.4 CITY-ST-7iP	Stuart, FL 34997		
TITLE	T	DELÉTE	4.1 TITLE	D	Change	
NAMÉ	BREWER, JENNY		4 2 NAME	Elaine Cole		
STREET ADDRESS	5000 SE FEDERAL HWY., LOT. 162		4.3 STREET ADDRESS	5000 SE Federal Hv	vy. Lot 404	
CITY - ST - ZIP	STUART FL		4.4 CITY - ST - ZIF			
TITLE	0	DELETE	5 1 TITLE	D	Change Addition	
NAME	COLE, ALLEN		5.2 NAME	Wally Hubbard	There	
STREET ADDRESS	5000 SE FED HWY LOT 404		5.3 STREET ADDRESS	5000 S. Federal Hv	vy., Lot 607	
CITY-ST-ZIP	STUART FL 34997	<b></b>	5.4 C(TY+ST-Z)P	Stuart, FL_34997_		
TITLE	D D	DELETE	61 TITLE	D	Change Addition	
NAME	DILLON, MARY ANN		6.2 NAME	Ted Smith	Tat 10	
STREET ADDRESS	5000 SE FEDERAL HWY., LOT 24		63 STREET ADDRESS	5000 SE Federal Hv	yy., Lot 10	
CITY ST. 7ID	STUART FL		6.4 CITY - ST- ZIP	Stuart, FL 34997		

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/28/96 (407) 283-4826

CR2E037 (12/95)

Zip Code

85