

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90221 030 ****70.00

DOCUMENT # 756927

1. Entity Name

SUNSHINE MANOR ASSOCIATION, INC.



Principal Place of Business

5000 S.E. FEDERAL HWY
STUART FL 34997
US

Mailing Address

5000 S.E. FEDERAL HWY
STUART FL 34997
US

50019921



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2370057

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDPAUSCH, PEG
5000 SE FEDERAL HWY.
LOT 401
STUART FL 34997

7. Name and Address of New Registered Agent

Name TOM HALL

Street Address (P.O. Box Number is Not Acceptable)

5000 S.E. FEDERAL HWY.

City STUART

LOT 404

Zip Code

FL 34997

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

Tom Hall

TOM HALL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FELDPAUSCH, PEG	
STREET ADDRESS	5000 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHWARTZ, PAT	
STREET ADDRESS	5000 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STELLUTE, JAN	
STREET ADDRESS	5000 SE FEDERAL HWY.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROMBLY, BOB	
STREET ADDRESS	5000 DR FEDERAL HWY.	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURLB, BOB	
STREET ADDRESS	5000 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, MICKIE	
STREET ADDRESS	5000 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34997	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, TOM	
STREET ADDRESS	5000 S.E. FEDERAL HWY.	
CITY-ST-ZIP	STUART, FL: 34997	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROMBLY, BOB	
STREET ADDRESS	5000 S.E. FEDERAL HWY	
CITY-ST-ZIP	STUART, FL. 34997	
TITLE	SEC.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, ROSEMARY	
STREET ADDRESS	5000 S.E. FEDERAL HWY.	
CITY-ST-ZIP	STUART, FL. 34997	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURL, BOB	
STREET ADDRESS	5000 S.E. FEDERAL HWY	
CITY-ST-ZIP	STUART, FL. 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, ED	
STREET ADDRESS	5000 S.E. FEDERAL HWY.	
CITY-ST-ZIP	STUART, FL. 34997	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOTHWICK, NORMA	
STREET ADDRESS	5000 S.E. FEDERAL HWY.	
CITY-ST-ZIP	STUART, FL. 34997	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Rosemary Holman

ROSEMARY HOLMAN

2/16/05

772 220 8716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #