


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90168 009 ****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 |
|---|---|



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04152007 Chg-NP CR2E037 (12/06)

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

HALL, TOM
5000 SE FEDERAL HWY.
LOT 404
STUART, FL 34997

7. Name and Address of New Registered Agent

Name **Nancy J. Beaver**
Street Address (P.O. Box Number is Not Acceptable)
5000 S.E. Fed. Hwy.
Lot 3301
City **Stuart** FL Zip Code **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 *Nancy J. Beaver* **Nancy J. Beaver** **4/15/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|--|
| 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 | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HALL, TOM 5000 SE FEDERAL HWY STUART, FL 34997 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BEAVER, NANCY 5000 SE FEDERAL HWY STUART, FL 34997 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOLMAN, ROSEMARY 5000 SE FEDERAL HWY. STUART, FL 34997 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HERL, BOB 5000 DR FEDERAL HWY. STUART, FL 34997 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLMES, ED 5000 SE FEDERAL HWY STUART, FL 34997 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AIRES, BONNIE 5000 SE FEDERAL HWY STUART, FL 34997 | <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. Peg Feldpausch 5000 S.E. Fed. Hwy Lot 401 Stuart, FL 34997 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Press Lot 3301 same address | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D same address | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Lot 506 same address | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | William DeRosa 5000 S.E. Fed. Hwy. Lot 152 STUART, FL 34997 | <input checked="" 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: *Nancy J. Beaver* **4/15/07** **772-219-0148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #