2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # 759836

1. Entity Name
SUNSHINE ATHLETIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GONYO, KENNETH D 1600 S FEDERAL HWY #915 POMPANO BEACH, FL 33062 US	C/O GONYO, KENNETH D 1600 S FEDERAL HWY #915 POMPANO BEACH, FL 33062 US

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03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2550255

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LIVOTI, ANTHONY M., JR
805 E BROWARD BLVD., #200
FT LAUDERDALE, FL 33301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000004893480
04/11/06-80123-014 61.25

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	RAY, DANNY
STREET ADDRESS	849 NE 30 STREET
CITY-ST-ZIP	OAKLAND PARK, FL 33334
TITLE	SD
NAME	GINNEGAR, ERIC
STREET ADDRESS	1809 NE 15TH AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305
TITLE	TD
NAME	SEGUINO, TONY
STREET ADDRESS	333 SUNSET DRIVE #907
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VD
NAME	EDDY, ANDREW
STREET ADDRESS	1527 SW 6TH TERRACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Tony Seguino TONY SEGUINO 3/25/06 (954)763-8493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #