

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moulham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **761303** (7)  
1. Corporation Name  
**SUNSHINE VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **12855 S BELCHER RD. UNIT 18 LARGO FL 34643**  
Mailing Address: **12855 S BELCHER RD. UNIT 18 LARGO FL 34643**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/31/1981</b>	3a. Date of Last Report <b>06/23/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2181396</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DOYLE, A.T. 12855 S BELCHER ROAD UNIT 18 LARGO FL 34643</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

I, 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.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, A. T.</b>	12 NAME	
STREET ADDRESS	<b>1717 DONCASTER ROAD</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 00000</b>	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>VDT</b>	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOYT, MILTON</b>	22 NAME	<b>DOYLE, REBECCA A</b>
STREET ADDRESS	<b>6201 22ND STREET NORTH</b>	23 STREET ADDRESS	<b>1717 DONCASTER RD</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	24 CITY-ST-ZIP	<b>CLEARWATER, FLA. 34624</b>
TITLE	<b>T</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, A.T.</b>	32 NAME	<b>SECRETARY JENASSEN</b>
STREET ADDRESS	<b>1717 DONCASTER ROAD</b>	33 STREET ADDRESS	<b>10785 Ulmerton Rd</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	34 CITY-ST-ZIP	<b>Largo, Florida 34640</b>
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	<b>800001863038</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>-06/17/96--01007--034</b>
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<b>***61.25</b>
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **7-14-96** DAYTIME PHONE: **813-527-6388**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ADD 5-20-96**

CR2E037 (12/95)