

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

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**  
 97 JUN 20 PM 2:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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



Principal Place of Business Mailing Address  
**12855 S BELCHER RD. UNIT 18 LARGO FL 34643**  
**12855 S BELCHER RD. UNIT 18 LARGO FL 33773-1638**

3. Date Incorporated or Qualified **12/31/1981** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address  
**21 1737 ROBINHOOD LANE** **26 1737 ROBINHOOD LANE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**  
 City & State City & State  
**23 CLEARWATER, FLORIDA** **28 CLEARWATER, FLORIDA**  
 Zip Country Zip Country  
**24 34624** **25 USA** **29 34624** **30 USA**

4. FEI Number **59-2181396** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DOYLE, A.T.**  
**12855 S BELCHER ROAD**  
**UNIT 18**  
**LARGO FL 34643**

10. Name and Address of New Registered Agent  
**81 Name KEVIN J. GEIGLE**  
**82 Street Address (P.O. Box Number is Not Acceptable) 1737 ROBINHOOD LANE**  
**83**  
**84 City CLEARWATER FL 85 Zip Code 34624**

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.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOYLE, A. T. 1717 DONCASTER ROAD CLEARWATER, FL 00000 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT DOYCE, REBECCA A. 1717 DON CASTER RD. CLEARWATER FL 34624 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOYLE, A.T. 1717 DONCASTER ROAD CLEARWATER FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONASSEN, WILLIAM 10785 ULMERTON RD. LARGO FL 34640 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD KEVIN J GEIGLE 1737 ROBINHOOD LANE CWTR, FL. 34624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD JOHN GEIGLE 7641 CUMBERLAND RD LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD JOHN GEIGLE 7641 CUMBERLAND RD LARGO, FL 33777 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<del>GEIGLE GEIGLE</del>  900002221109--9 -06/24/97--01033--012 *****61.25 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T GEORGE GEIGLE 16423 STONE RIVER RD BRADENTON, FL 34203 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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]* 4/7/97 (813)531-0279

CP2E037 (9/96)