

2000 UNIFORM BUSINESS REPORT (UBR)

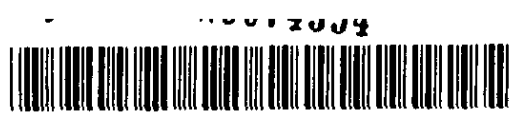
FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90032 026 ****61.25

DOCUMENT # 761303
 1. Entity Name
SUNSHINE VILLAS CONDOMINIUM ASSOCIATION, INC. R

Principal Place of Business Mailing Address
 1737 ROBINHOOD LANE 1737 ROBINHOOD LANE
 CLEARWATER FL 34624 CLEARWATER FL 33764-6449

(Business Acid



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - location
 114 Tuskawilla DRIVE
 Suite, Apt. #, etc.

The Abraham Group
 23 O'BRIEN ST
 Suite, Apt. #, etc.
 Suite 1

City & State: CLEARWATER Florida City & State: ORILLIA ON
 Zip: 34616 Country: USA Zip: L3V 5S1 Country: CANADA

4. FEI Number: 59-2181396 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GEIGLE, KEVIN J
 1737 ROBINHOOD LANE
 CLEARWATER FL 34624

L3V 5S1

7. Name and Address of New Registered Agent
 Name: Alice M. Abraham (US home address)
 Street Address (P.O. Box Number is Not Acceptable):
 8925 Easthaven Court
 City: New Port Richey FL Zip Code: 34655

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.

SIGNATURE: *President, Alice M. ABRAHAM* *A. Abraham* 06.06.2000
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | | | |
|-----------|-----------------------|-------------------------------------|----------------------------------|--|
| TITLE: PD | NAME: GEIGLE, KEVIN J | STREET ADDRESS: 1737 ROBINHOOD LANE | CITY-ST-ZIP: CLEARWATER FL 34624 | <input checked="" type="checkbox"/> Delete |
| TITLE: VD | NAME: GEIGLE, JOHN | STREET ADDRESS: 7641 CUMBERLAND RD. | CITY-ST-ZIP: LARGO FL 33777 | <input checked="" type="checkbox"/> Delete |
| TITLE: TD | NAME: GEIGLE, JOHN | STREET ADDRESS: 7641 CUMBERLAND RD. | CITY-ST-ZIP: LARGO FL 33777 | <input checked="" type="checkbox"/> Delete |
| TITLE: T | NAME: GEIGLE, GEORGE | STREET ADDRESS: 6423 STONERIVER RD. | CITY-ST-ZIP: BRDENTON FL 34203 | <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 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | |
|-------------------------------------|-------------------------------|--|----------------------------------|--|
| TITLE: P.D. (Canadian Home Address) | NAME: Alice M. ABRAHAM | STREET ADDRESS: 9 HAWTHORN PLACE, RR #2 | CITY-ST-ZIP: ORILLIA ON L3V 6H2 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: V.P. | NAME: Steven K. ABRAHAM | STREET ADDRESS: 4060 Rosenda Court, Unit 230 | CITY-ST-ZIP: SAN DIEGO CA. 92122 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: S.D. | NAME: Kathleen ABRAHAM-PHILIP | STREET ADDRESS: 736 BAY ST, UNIT 606 | CITY-ST-ZIP: TORONTO ON M5G 2M4 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: | NAME: | STREET ADDRESS: | CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Alice M. ABRAHAM* *A. Abraham* 06-06-2000 705-326-8757
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)

Attachment

DOC# 761303
A0074394



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 24, 2000

SUNSHINE VILLAS CONDOMINIUM ASSOCIATION, INC.
THE ABRAHAM GROUP
23 O'BRIEN STREET, SUITE 1
ORILLIA, ON, CANADA, ~~4361~~ L3V 5S1

SUBJECT: SUNSHINE VILLAS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 761303

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling:

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 488-9000.

Division of Corporations

Letter Number: 400A00040171