

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90032 049 ****61.25

DOCUMENT # 761303

1. Entity Name
SUNSHINE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**1114 TUSKAWILLA DRIVE
 CLEARWATER FL 34616**

Mailing Address
**THE ABRAHAM GROUP
 23 O'BRIEN ST., SUITE 1
 ORILLIA ON L3V- 5S1**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
19 O'BRIEN ST

City & State
ORILLIA ON

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

Zip Country
L3V-5S1 CANADA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABRAHAM, ALICE M
 8925 EASTHAVEN COURT
 NEW PORT RICHEY FL 34655**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ABRAHAM, ALICE M	
STREET ADDRESS	9 HAWTHORN PLACE, RR#2	
CITY-ST-ZIP	ORILLIA ON L3V- 6H2	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABRAHAM, STEVEN	
STREET ADDRESS	4060 ROSENDA COURT UNIT 230	
CITY-ST-ZIP	SAN DIEGO CA 92122	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ABRAHAM-PHILIP, KATHLEEN	
STREET ADDRESS	736 BAY ST., UNIT 606	
CITY-ST-ZIP	TORONTO ON M5G- 2M4	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** *Alice M Abraham* **Jan 26 / 2001** **705-326-8157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)