

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90016 050 ****61.25

DOCUMENT # 761303

1. Entity Name

SUNSHINE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1114 TUSKAWILLA DRIVE
 CLEARWATER FL 34616

Mailing Address

19 O'BRIEN ST
 SUITE 1
 ORILLIA, ONTARIO CA L3V -S1

80028466



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1300 S. LAKE HOWARD DR

Suite, Apt. #, etc.

500 100

WINTER HAVEN, FL

Zip

33880

Country

USA

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

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

7. Name and Address of New Registered Agent

Name **STEVEN ABRAHAM**
 Street Address (P.O. Box Number is Not Acceptable) **1300 S. LAKE HOWARD DR # 508**
 City **WINTER HAVEN** FL Zip Code **33880**

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

STEVEN ABRAHAM

1-31-02

(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	<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	4080 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN ABRAHAM	
STREET ADDRESS	1300 S. LAKE HOWARD DR # 508	
CITY-ST-ZIP	WINTER HAVEN, FL, 33880	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM-PHILIP, KATHLEEN	
STREET ADDRESS	9 HAWTHORN PLACE, RR# 2	
CITY-ST-ZIP	ORILLIA, ON, L3V 6H2, CANADA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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:

STEVEN ABRAHAM

1-31-02

(863) 293 5559

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (9/01)