

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761303

**FILED**  
**May 19, 2004**  
**Secretary of State**

**Entity Name:** SUNSHINE VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1114 TUSKAWILLA DRIVE  
CLEARWATER, FL 34616

**New Principal Place of Business:**

**Current Mailing Address:**

1300 S LAKE HOWARD DR  
SUITE 100  
WINTER HAVEN, FL 33880

**New Mailing Address:**

12945 SEMINOLE BLVD.  
BUILDING 2, SUITE 1  
LARGO, FL 33778

FEI Number: 59-2181396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABRAHAM, STEVEN  
1300 S LAKE HOWARD DR #508  
WINTER HAVEN, FL 33880

**Name and Address of New Registered Agent:**

WARD, CARLTON R  
1253 PARK STREET  
CLEARWATER, FL 33756

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: R. CARLTON WARD

05/19/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ABRAHAM, ALICE M  
Address: 9 HAWTHORN PLACE, RR#2  
City-St-Zip: ORILLIA, ON L3V 6H2

Title: VD ( ) Delete  
Name: ABRAHAM, STEVEN  
Address: 1300 S. LAKE HOWARD DR #508  
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD (X) Delete  
Name: ABRAHAM-PHILIP, KATHLEEN  
Address: 9 HAWTHORN PLACE RR#2  
City-St-Zip: DRILLA, ON, CA 63V6H2

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: FERRY, LYNN  
Address: 8651 BULL CREEK ROAD  
City-St-Zip: COULTERVILLE, CA 91001

Title: VD (X) Change ( ) Addition  
Name: FERRY, RICHARD  
Address: 8651 BULL CREEK ROAD  
City-St-Zip: COULTERVILLE, FL 91001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN FERRY

PST

05/19/2004

Electronic Signature of Signing Officer or Director

Date