

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90085 002 \*\*\*\*61.25

**DOCUMENT # 762123**

1. Entity Name

SUNSHINE HOLIDAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2783 NW 29TH STREET  
FORT LAUDERDALE FL 33311  
US

Mailing Address

3006 NW 28TH WAY  
FORT LAUDERDALE FL 33311  
US

30061649

2. Principal Place of Business

120 EAST OAKLAND PARK BLVD  
SUITE 105

3. Mailing Address

2844 NW 29TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

City & State

OAKLAND PARK, FT LAUDERDALE

Zip

33334

Country

FL

Zip

33311

Country

FL

1st MOORE

CR2E037 (10/04)



4. FEI Number

65-0078928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LACHANCE, FERNANDO  
3006 NW 28TH WAY  
OAKLAND PARK FL 33311

7. Name and Address of New Registered Agent

Name

LEGAULT DONALD

Street Address (P.O. Box Number is Not Acceptable)

SUITE 105,  
120 EAST OAKLAND PARK BLVD,

City

FT LAUDERDALE

FL

Zip Code

33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	FERNANDO, LACHANCE	
STREET ADDRESS	3006 NW 28TH WAY	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEGAULT, DONALD	
STREET ADDRESS	2844 NW 29TH ST.	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LACHANCE, FERNANDO	
STREET ADDRESS	2783 N.W. 29TH STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MATTE, LORRAINE	
STREET ADDRESS	2764 NW 29TH STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MESMECHNOV, PAULA	
STREET ADDRESS	2804 NW 29TH ST.	
CITY-ST-ZIP	OAKLAND PARK FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUTZ, URESZAT	
STREET ADDRESS	2836 NW 29TH ST.	
CITY-ST-ZIP	OAKLAND PARK FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGAULT DONALD	
STREET ADDRESS	2844 NW 29TH STREET,	
CITY-ST-ZIP	OAKLAND PARK, FL 33311	
TITLE	Vice-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URSUSZET LUTZ	
STREET ADDRESS	2836 NW 29TH STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33311	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESMACHNOV PAULA	
STREET ADDRESS	2804 NW 29TH STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33311	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER JOHN	
STREET ADDRESS	2785 NW 29TH STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33311	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN ROBERT	
STREET ADDRESS	2760 NW 29TH STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33311	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN BARBARA	
STREET ADDRESS	2760 NW 29TH STREET	
CITY-ST-ZIP	OAKLAND PARK, FL 33311	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 23/2005

954.

714-9221