

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90155 007 ****70.00

DOCUMENT # 762123					
1. Entity Name SUNSHINE HOLIDAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 120 EAST OAKLAND PARK BLVD SUITE 105 FORT LAUDERDALE, FL 33334 US			Mailing Address 2244 NW 29TH ST WEST FORT LAUDERDALE, FL 33311 US		
2. Principal Place of Business 2844 NW 29 th ST Suite, Apt. #, etc.		3. Mailing Address 120 E. OAKLAND PK BLVD Suite, Apt. #, etc.		04272006 Chg-NP CR2E037 (4/06)	
City & State OAKLAND PK, FL		City & State FT LAUDERDALE, FL		4. FEI Number 65-0078928	
Zip 33311		Country US		Applied For Not Applicable	
Zip 33311		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAULT, DONALD 120 EAST OAKLAND PARK BLVD SUITE 105 FORT LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME LEGAULT, DONALD STREET ADDRESS 2844 NW 29TH STREET CITY-ST-ZIP OAKLAND PARK, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME URSZAT, LUTZ STREET ADDRESS 2844 NW 29TH STREET CITY-ST-ZIP OAKLAND PARK, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME NESMACHNOV, PAULA STREET ADDRESS 2844 NW 29TH STREET CITY-ST-ZIP OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Delete		TITLE LBO FORGET-THAS. NAME 2796 NW 29 th ST STREET ADDRESS OAKLAND PK, FL 33311 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME PARKER, JOHN STREET ADDRESS 2844 NW 29TH STREET CITY-ST-ZIP OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Delete		TITLE D-STEVE WILEY NAME 2804 NW 29 th ST STREET ADDRESS OAKLAND PK, FL 33311 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HOFFMAN, ROBERT STREET ADDRESS 2844 NW 29TH STREET CITY-ST-ZIP OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Delete		TITLE D-BEATRICE FREEMAN NAME 2768 NW 29 th PLACE STREET ADDRESS OAKLAND PK, FL 33311 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HOFFMAN, BARBARA STREET ADDRESS 2844 NW 29TH STREET CITY-ST-ZIP OAKLAND PARK, FL 33311	<input checked="" type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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: <u>Donald Legault, PRES.</u> 954-465-5346 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					