

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 763504

1. Entity Name
SUNFLOWER MARGATE ASSOCIATION, INC.



FILED
Feb 04, 2004 08:00 AM
Secretary of State

Principal Place of Business
POB OX 772488
CORAL SPRINGS, FL 33077

Mailing Address
POB OX 772488
CORAL SPRINGS, FL 33077



02012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0034273

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMBERLAIN, DAVID
7709 NW 20TH STREET
MARGATE, FL 33063

**DO NOT WRITE
IN THIS SPACE**

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 *David A. Chamberlain*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/04
DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000034035
02/05/04-80067-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROBINSON, DEANNE
7610 NW 18 CT
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GOONAN, PATRICK
7807 SUNFLOWER DR
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARON, JOAN
7703 SUNFLOWER DR
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POLICELLA, JOHN
1801 NW 80TH AVE
MARGATE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RONDI, NICKY
1910 NW 79TH TERRACE
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRAY, LISA
7836 SUNFLOWER DR
MARGATE, FL 33063

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *David A. Chamberlain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/04 954 905 1063
Date Daytime Phone #