2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 763504

1. Entity Name
SUNFLOWER MARGATE ASSOCIATION, INC.

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

01092008 No Chg-NP CR2E037 (4/06)

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

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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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ROBINSON, DEANNE
STREET ADDRESS	7610 NW 18 CT
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	T
NAME	GOONAN, PATRICK
STREET ADDRESS	7807 SUNFLOWER DR
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	BARON, JOAN
STREET ADDRESS	7703 SUNFLOWER DR
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	POLICELLA, JOHN
STREET ADDRESS	1801 NW 80TH AVE
CITY-ST-ZIP	MARGATE, FL
TITLE	D
NAME	RONDI, NICKY
STREET ADDRESS	1910 NW 79TH TERRACE
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	D
NAME	SANDIDGE, FRANK
STREET ADDRESS	7808 SUNFLOWER DRIVE
CITY-ST-ZIP	MARGATE, FL 33063

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05/30/08-80027-009 61.25

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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: Dale A. Chiste 4/28/08 954 905-1063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #