2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763527

FILED Jul 18, 2009 Secretary of State

Entity Name: SUNSHINE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
901 SE 1	1TH PL		
103 APE CO	RAL, FL 33904		
urrent M	lailing Address:	New Mailing Addres	ss:
901 SE 1 103	1TH PL		
	RAL, FL 33904		
	: 59-2394818 FEI Number Applied For() FEI ce with s. 607.193(2)(b), F.S., the corporation did not rece	Number Not Applicable ()	Certificate of Status Desired ()
	l Address of Current Registered Agent:		of New Registered Agent:
	H, LYNN C		
05 APE COI	ÍTH PL RAL, FL 33904 US		
)5 APE COI ne above	ÍTH PL	se of changing its registere	ed office or registered agent, or both,
5 APE COI le above the State	1TH PL RAL, FL 33904 US named entity submits this statement for the purpose of Florida.	se of changing its registere	ed office or registered agent, or both,
5 APE COI le above the State	1TH PL RAL, FL 33904 US named entity submits this statement for the purpose of Florida.	se of changing its registere	ed office or registered agent, or both, Date
he above the State	THPL RAL, FL 33904 US named entity submits this statement for the purpose of Florida. RE:		
D5 APE COI THE ABOVE THE STATE T	1TH PL RAL, FL 33904 US named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent		Date
05 APE COI ne above the State GNATUI	THPL RAL, FL 33904 US named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete THOMAS, RAVEN W 390 SE 11TH PL. #105	ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 C RUDOLPH MR 07/18/2009