

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766931 (0)
1. Corporation Name
HOME OWNERS ASSOC. OF SUNSHINE VILLAGE INC.



Principal Place of Business
**13451 SW 5TH ST
DAVIE FL 33325**

Mailing Address
**13451 SW 5TH ST
DAVIE FL 33325**

3. Date Incorporated or Qualified
02/09/1983

3a. Date of Last Report
09/11/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2336783		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
23		28		81 Name			
Zip		Zip		82 Street Address (P.O. Box Number is Not Acceptable)			
24		29		83			
Country		Country		84 City		85 Zip Code	
25		30		FL			

**TORO, MARY ANN
430 SW 134 AVE
DAVIE FL 33325**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, ROBIN	1.2 NAME	KEITH Gonyo
STREET ADDRESS	13476 SW 5TH ST	1.3 STREET ADDRESS	430 SW 133 TER.
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATCHINSON, ANN	2.2 NAME	Neil Ruddy
STREET ADDRESS	13310 SW 5TH ST	2.3 STREET ADDRESS	441 SW 133 TER.
CITY-ST-ZIP	DAVIE FL 33325	2.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, LINDA	3.2 NAME	
STREET ADDRESS	13500 SW 5TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOBIN, DEBBIE	4.2 NAME	BRIGITTA GITTA
STREET ADDRESS	13510 SW 5TH ST	4.3 STREET ADDRESS	420 SW 133 TER.
CITY-ST-ZIP	DAVIE FL 33325	4.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLK, ANNETTE	5.2 NAME	Russ Koch
STREET ADDRESS	13451 SW 5TH ST	5.3 STREET ADDRESS	1420 SW 135 TER
CITY-ST-ZIP	DAVIE FL 33325	5.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brigitta Gitta **BRIGITTA GITTA** 3/4/96 305-476-6853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)