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May 09 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
13451 SW 5TH ST 13451 SW 5TH ST  
DAVIE FL 33325 DAVIE FL 33325-3119

3. Date Incorporated or Qualified 02/09/1983 3a. Date of Last Report 03/08/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2336783	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORO, MARY ANN  
430 SW 134 AVE  
DAVIE FL 33325

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GONYO, KEITH	1.2 NAME	Gita, Brigitta
STREET ADDRESS	430 SW 133 TERR	1.3 STREET ADDRESS	420 SW 133 Terr
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VD	2.1 TITLE	VD
NAME	RUDDY, NEIL	2.2 NAME	Alexander Howard
STREET ADDRESS	441 SW 133 TERR	2.3 STREET ADDRESS	13540 SW 6th St.
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE	TD	3.1 TITLE	TD
NAME	LOPEZ, LINDA	3.2 NAME	Wajda, Merry
STREET ADDRESS	13500 SW 5TH ST	3.3 STREET ADDRESS	13440 SW 4th St.
CITY-ST-ZIP	DAVIE FL 33325	3.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE	SD	4.1 TITLE	SD
NAME	GITTA, BRIGITTA	4.2 NAME	Marrero, Daisy
STREET ADDRESS	420 SW 133 TERR	4.3 STREET ADDRESS	13506 SW 5th St.
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE	D	5.1 TITLE	D
NAME	KOCH, RUSS	5.2 NAME	Toro, Mary
STREET ADDRESS	420 SW 135 TERR	5.3 STREET ADDRESS	430 SW 134th Ave
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	DAVIE, FL 33325
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARY ANN TORO, Secretary of State, 3/12/97 (950421-104)

CR2E037 (9/96)