

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90011 023 ****61.25

0039038

DOCUMENT # 766931

1. Corporation Name

HOME OWNERS ASSOC. OF SUNSHINE VILLAGE INC.

Principal Place of Business

**13451 SW 5TH ST
DAVIE FL 33325
US**

Mailing Address

**13451 SW 5TH ST
DAVIE FL 33325
US**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

3. Date Incorporated or Qualified

02/09/1983

4. FEI Number
59-2336783

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**GITTA, BRIGITTA
420 SW 133 TERR
DAVIE FL 33325**

10. Name and Address of New Registered Agent

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

TITLE **SD** ☐ DELETE
NAME **GITTA, BRIGITTA**
STREET ADDRESS **420 SW 133 TERR**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **TD** ☒ DELETE
NAME **ALEXANDER, HOWARD**
STREET ADDRESS **13540 SW 6TH ST**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **PD** ☒ DELETE
NAME **PACELLA, NICK**
STREET ADDRESS **431 SW 134 AVE**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **VD** ☐ DELETE
NAME **ELY, DANIEL**
STREET ADDRESS **13480 SW 6TH PLACE**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **D** ☐ DELETE
NAME **ELY, DEBBIE**
STREET ADDRESS **13480 SW 6TH PLACE**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **TD**
2.3 STREET ADDRESS **Fleming, Frank**
2.4 CITY-ST-ZIP **13449 S.W. 3rd Ct. DAVIE, FL 33325**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **PD**
3.3 STREET ADDRESS **Dutcher, Tammy**
3.4 CITY-ST-ZIP **4600 S.W. 135 Terr. DAVIE, FL 33325**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Tammy Dutcher **QUIR** *Tammy Dutcher Pres.* **2/2/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)