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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 769398 (9)

1. Corporation Name
SUNSHINE TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2753 STATE ROAD 580 SUITE 207 CLEARWATER FL 34621	2753 STATE ROAD 580 SUITE 207 CLEARWATER FL 34621

3. Date Incorporated or Qualified: 07/15/1983

4. FEI Number: 59-2389263 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 33761 / Country: 25	Zip: 29 33761 / Country: 30

9. Name and Address of Current Registered Agent

PROGRESSIVE MANAGEMENT INC
2753 STATE RD 580
SUITE 207
CLEARWATER FL 34621

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 **33761**

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	D	☐ DELETE	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	COLLINS, JIM		1.2 NAME		
STREET ADDRESS	1241 S GREENWOOD AV B301		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CECALA, MICHAEL		2.2 NAME	HOLBROOK, RUSS	
STREET ADDRESS	P.O. BOX 11710 N/A		2.3 STREET ADDRESS	18 CHANDLER STREET	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	ARLINGTON VA 02174	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PLUMB, GENROSE		3.2 NAME		
STREET ADDRESS	1239 S GREENWOOD AV A304		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, EVELYN		4.2 NAME		
STREET ADDRESS	1247 S GREENWOOD AV D305		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 no attachment with an address.

SIGNATURE: Genrose D. Plumb 2/5/98 442-2674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0053124