2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769398

FILED Apr 03, 2007 Secretary of State

Entity Name: SUNSHINE TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 **Current Mailing Address: New Mailing Address:** 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US FEI Number: 59-2389263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition COLLINS, JIM COLLINS, JIM Name: Name: 1241 S GREENWOOD AV B301 Address: 1241 S GREENWOOD AV B301 Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756 Title: () Delete Title: (X) Change () Addition VENTIMEGLIA, SYLVIA Name: VAN HOOSE, TOM Name: Address: 1239 S. MARTIN LUTHER KING AVE #A303 Address: 1241 S. MARTIN LUTHER KING AVE #B304 City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756 Title: () Delete Title: PD (X) Change () Addition SIMMONS, SANDRA SIMMONS, SANDRA Name: Name: 1245 S. MARTIN LUTHER KING AVE #C20 1245 S. MARTIN LUTHER KING AVE #C20 Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756 Title: () Delete Title: SD (X) Change () Addition Name: FACCHINI, SANDY Name: FACCHINI, SANDY 12 CROSS CREEK BLVD 12 CROSS CREEK BLVD Address: Address: City-St-Zip: GUELPH, ON N1H6J2 CN City-St-Zip: GUELPH, ON N1H6J2 CN Title: () Delete Title: () Change (X) Addition MORGAN, GUDRUN Name: Name: 1239 S. MARTIN LUTHER KING AVE #B20 Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA SIMMONS PD 04/03/2007