

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90037 019 ****70.00

DOCUMENT # 812959

1. Entity Name
SUNSHINE VILLA APARTMENTS, INC.



Principal Place of Business
**223 SOUTH FEDERAL HIGHWAY
DANIA, FL 33004**

Mailing Address
**223 SOUTH FEDERAL HIGHWAY
DANIA, FL 33004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03032006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-0868665

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACROIX, RITA
223 S. FEDERAL HWY
APT # 35
DANIA, FL 33004

LAURENT BOYER
APT 9

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LACROIX, RITA	STAY ✓
STREET ADDRESS	223 S FEDERAL HWY # 35	
CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTEKAITIS VIRGINIA	
STREET ADDRESS	223 S FEDERAL HWY # 92	
CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DENNIS	
STREET ADDRESS	223 S FEDERAL HWY # 36	
CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOHL, SANDRA	
STREET ADDRESS	223 S FEDERAL HWY # 18	
CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOUCHARD GABRIEL	
STREET ADDRESS	223 S FEDERAL HWY # 1	
CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYER, LAURENT	
STREET ADDRESS	223 S FEDERAL HWY # 9	
CITY-ST-ZIP	DANIA BEACH, FL 33004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	LAURENT BOYER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	223 S. FEDERAL HWY	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	JESS GAUDREAU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	223 S FEDERAL HWY	
STREET ADDRESS	DANIA BEACH FL 33004	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	TONY DINNENZO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	223 S. FEDERAL HWY	
STREET ADDRESS	DANIA BEACH FL 33004	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	GILLES BERGERON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	223 S. FEDERAL HWY	
STREET ADDRESS	DANIA BEACH FL 33004	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	ROGER DESSUREAULT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	223 S. FEDERAL HWY	
STREET ADDRESS	DANIA BEACH FL 33004	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	MARTY DILMORE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	223 S. Fed. HWY.	
STREET ADDRESS	DANIA BEACH FL 33004	
CITY-ST-ZIP	DANIA BEACH FL 33004	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **D.A. WILLIAMS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06
Date

954 925 4532
Daytime Phone