

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M02261 (9)

1. Corporation Name

SUN CITRUS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**5300 SUN CITRUS BLVD.
P.O. BOX 578
FT. PIERCE FL 34954**

**5300 SUN CITRUS BLVD.
P.O. BOX 578
FT. PIERCE FL 34954**

3. Date Incorporated or Qualified

06/28/1984

3a. Date of Last Report

03/22/1995

4. FEI Number

59-2436615

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 5300 Sun Citrus Blvd.

Suite, Apt. #, etc.

22

City & State

23 Ft. Pierce, Fl

Zip

24 34950

2a. Mailing Address

26 5300 Sun Citrus Blvd.

Suite, Apt. #, etc.

27

City & State

28 Ft. Pierce, Fl 34950

Zip

29 St. Lucie

Country

30 St. Lucie

9. Name and Address of Current Registered Agent

**CUSHMAN, MICHAEL D.
5300 SUN CITRUS BLVD
FT. PIERCE FL 34950**

10. Name and Address of New Registered Agent

**81 Name June A. Stadnik
82 Street Address (P.O. Box Number is Not Acceptable)
5300 Sun Citrus Blvd.
83
84 City Ft. Pierce FL 85 Zip Code 34950**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **June A. Stadnik**

Signature typed or printed in ink of registered agent (an officer or director if applicable)

(If Officer or Registered Agent's signature required when reinstating)

6/6/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	MASSINGILL, JOAN	
STREET ADDRESS	1180 N. FEDERAL HWY.	
CITY - ST - ZIP	POMPAHO BCH, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHESIER, DARLA	
STREET ADDRESS	4405 N. OCEAN DR.	
CITY - ST - ZIP	LAUDERDALE-BY-SEA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROTH, BOB	
STREET ADDRESS	5660 GRIFFIN RD.	
CITY - ST - ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUSHMAN, ALLEN	
STREET ADDRESS	3325 FOREST HILL BLVD.	
CITY - ST - ZIP	W. PALM BCH, FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPIECE, ROBERT	
STREET ADDRESS	7250 GRIFFIN ROAD	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUSHMAN, MICHAEL	
STREET ADDRESS	5300 SUN CITRUS BLVD.	
CITY - ST - ZIP	FT. PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Spiece

6/6/96

561-464-3000

DATE

PHONE NUMBER

CR2E034 (3/96)