

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002805

FILED
Jan 07, 2006
Secretary of State

Entity Name: SUNSHINE PARK COMMUNITY ASSOCIATION INC

Current Principal Place of Business:

5718 ASHEN AVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5718 ASHEN AVE
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 59-3716539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERBY, PATRICK
5733 COLUMBIA DR.
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: DERBY, PATRICK
Address: 5733 COLUMBIA DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: V () Delete
Name: EDWARDS, ROBERT
Address: 5637 ASHEN AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T () Delete
Name: DERBY, VIOLA
Address: 5744 COLUMBIA DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: COTCAMP, MARIAN
Address: 5623 SUNSHINE PARK
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: SPRINGER, JERRY
Address: 4228 RICHMOND AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: WHITE, LESTER
Address: 4248 CHARLESTON AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DERBY, VIOLA
Address: 5733 COLUMBIA DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LESTER WHITE

D

01/07/2006

Electronic Signature of Signing Officer or Director

_____ Date