

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90208 017 \*\*\*\*70.00

**DOCUMENT # NO1000002805**

1. Entity Name

**SUNSHINE PARK COMMUNITY ASSOCIATION INC**



Principal Place of Business

**5718 ASHEN AVE  
NEW PORT RICHEY FL 34652**

Mailing Address

**5718 ASHEN AVE  
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**New Port Richey, FL.**

City & State

**New Port Richey, FL.**

Zip

**34652**

Country

**U.S.A.**

Zip

**34652**

Country

**U.S.A.**

4. FEI Number **59-3716539**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LAPORT, FRANK  
5718 ASHEN AVE  
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name **Patrick Derby**

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

**5733 Columbia, Dr.**

City **New Port Richey**

FL

Zip Code **34652**

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

*Patrick Derby*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/14/03**

**FILE NOW: FEE IS \$61.25**

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 **P** ☒ Delete  
NAME **LAPORT, FRANK**  
STREET ADDRESS **5629 COLUMBIA DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**  
*resigned*

TITLE **V** ☒ Delete  
NAME **DERBY, PATRICK**  
STREET ADDRESS **5733 COLUMBIA DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **T** ☐ Delete  
NAME **DERBY, VIOLA**  
STREET ADDRESS **5744 COLUMBIA DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☒ Delete  
NAME **HUFFMAN, DON**  
STREET ADDRESS **4213 PIERCE CT**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ Delete  
NAME **FERRARO, JOE**  
STREET ADDRESS **5745 COLUMBIA DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☒ Delete  
NAME **LAPORT, BEVERLY**  
STREET ADDRESS **5718 ASHEN AVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**  
*resigned*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **Patrick Derby**  
STREET ADDRESS **5733 Columbia Dr**  
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **V** ☒ Change ☐ Addition  
NAME **Robert Edwards**  
STREET ADDRESS **5637 Ashen Ave**  
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Dmarian Cotcamp**  
STREET ADDRESS **5623 Sunshine park**  
CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **D Lester White**  
STREET ADDRESS **4248 Charleston AVE**  
CITY-ST-ZIP **New Port Richey, FL 34652**

12. 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 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:

*Patrick Derby*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-03 727-859-0021**

CR2E037 (10/02)