


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90103 002 ****61.25

DOCUMENT # N01000007559	
1. Entity Name SUNSHINE ESTATES ASSOCIATION, INC.	

Principal Place of Business 6310 SW 56 ST DAVIE, FL 33314	Mailing Address 6310 SW 56 ST DAVIE, FL 33314
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03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 35-2169542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEPHEN J. STRALEY, P.A. 3990 SHERIDAN STREET SUITE 109 HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ZARBAFI, MOHAMMAD 96310 SW 56 ST DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT DOSTER, GREGORY E. 6180 SW 56 ST DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VINCENT, JUDY 6185 SW 56 ST DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINCENT, JUDY 6185 SW 56 ST DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: X *PRESIDENT 3/31/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #