


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

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

Principal Place of Business 6310 SW 56 ST DAVIE, FL 33314	Mailing Address 6005 STIRLING RD DAVIE, FL 33314
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03062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent MARTA, MONICA 6275 SOUTHEAST 56TH ST FORT LAUDERDALE, FL 33314

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IN THIS SPACE**

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 \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTA, MONICA 6275 SW 56TH ST FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VINCENT, JOHN 6185 SW 56TH ST DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRAVERT, NICOLE 6245 SW 56TH ST DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOSTER, SUSAN 6160 SW 56TH ST DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKUN, VLADIMIR 6250 SW 56TH ST FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/22/07-80027-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Susan Doster - SUSAN DOSTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07
Date

(954) 448-0285
Daytime Phone #