2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N01000007559

Entity Name: SUNSHINE ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

6310 SW 56 ST
DAVIE, FL 33314

New Principal Place of Business:

6275 SW 56 ST
DAVIE, FL 33314

Current Mailing Address:

6005 STIRLING RD
DAVIE, FL 33314

New Mailing Address:

FEI Number: 35-2169542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTA, MONICA
6275 SOUTHEAST 56TH ST
FORT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

MARTA, MONICA
6275 SOUTHWEST 56TH ST
FORT LAUDERDALE, FL 33314 US

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: _____ 03/02/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARTA, MONICA
Address: 6275 SW 56TH ST
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: VPD ( ) Delete
Name: VINCENT, JOHN
Address: 6185 SW 56TH ST
City-St-Zip: DAVIE, FL 33314

Title: SD ( ) Delete
Name: TRAVERT, NICOLE
Address: 6245 SW 56TH ST
City-St-Zip: DAVIE, FL 33314

Title: TD ( ) Delete
Name: DOSTER, SUSAN
Address: 6160 SW 56TH ST
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete
Name: OKUN, VLADIMIR
Address: 6250 SW 56TH ST
City-St-Zip: FORT LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: SUSAN DOSTER TD 03/02/2009
Electronic Signature of Signing Officer or Director — Date