

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 12, 2002 8:00 am
Secretary of State

04-01-2002 90663 034 ****61.25

DOCUMENT # N01000008177

1. Entity Name

SUNSHINE VILLAS RESIDENTS ASSOCIATION INCORPORATED

Principal Place of Business

Mailing Address

1291 BROAD ST. WEST
 LEHIGH ACRES FL 33936

P. O. BOX 1236
 LEHIGH ACRES FL 33970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GARGANO, ROSEMARIE
1300 WOODWARD CT., APT. 61
LEHIGH ACRES FL 33936

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.

SIGNATURE Rosemarie Gargano
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD GARGANO, ROSEMARIE**
 STREET ADDRESS **1300 WOODWARD CT., APT. 61**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

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

TITLE ☒ Delete
 NAME **VD LOSCH, MADELINE**
 STREET ADDRESS **1300 WOODWARD CT., APT. 61**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Change ☐ Addition
 NAME **UD Jean Vallo**
 STREET ADDRESS **1200 Broad St W. apt 602A**
 CITY-ST-ZIP **Lehigh Acres FL 33936**

TITLE ☐ Delete
 NAME **TD CALERO, TONI**
 STREET ADDRESS **1200 BROAD ST. W., APT. B-08**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

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

TITLE ☐ Delete
 NAME **SD BOSTON, JUNE**
 STREET ADDRESS **1200 BROAD ST. W., APT. I-15**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **2nd UD Ginny D'Asti**
 STREET ADDRESS **1290 Broad St W apt L-16**
 CITY-ST-ZIP **Lehigh Acres FL 33936**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: Rosemarie Gargano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02
 Date

Daytime Phone #

CR2E037 (9/01)