

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

02-26-2003 90143 036 ****61.25

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1. Entity Name

SUNSHINE VILLAS RESIDENTS ASSOCIATION INCORPORATED



Principal Place of Business

1291 BROAD ST. WEST
LEHIGH ACRES FL 33936

Mailing Address

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**
61-1414671

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

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

Name

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

City

FL

Zip Code

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

Rosemarie Gargano

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 22 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PO	GARGANO, ROSEMARIE	1300 WOODWARD CT., APT. 61	LEHIGH ACRES FL 33936	<input type="checkbox"/>	<input type="checkbox"/>
VD	VALLO, JERY	200 BROAD ST. W., ATE 602A	LEHIGH ACRES FL 33936	<input type="checkbox"/>	<input type="checkbox"/>
TD	CALERO, TOM	1200 BROAD ST. W., APT. B-08	LEHIGH ACRES FL 33936	<input type="checkbox"/>	<input type="checkbox"/>
SD	BOSTON, JUNE	1200 BROAD ST. W., APT. I-15	LEHIGH ACRES FL 33936	<input type="checkbox"/>	<input type="checkbox"/>
ZVP	ASTI, GRINNY	1290 BROAD ST W APTL-16	LEHIGH ACRES FL 33936	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosemarie Gargano

Date

Daytime Phone #

Feb 22 03
231-368-3497

CR2E037 (10/02)