

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-14-2006 90137 031 ****61.25

DOCUMENT # N05000009779

1. Entity Name
**SUNSHINE ELEMENTARY PARENT-TEACHER
ORGANIZATION - PTO, INC.**



Principal Place of Business
**SUNSHINE ELEM. PTO
7737 W. LASALLE BLVD.
MIRAMAR, FL 33023**

Mailing Address
**SUNSHINE ELEM. PTO
7737 W. LASALLE BLVD.
MIRAMAR, FL 33023**

66012078



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
237628643

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ALVAREZ, JASSMEN
7737 W. LASALLE BLVD.
MIRAMAR, FL 33023**

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

Signature, typed or printed name of registered agent and the # applicable: (NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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-STATE-ZIP
**D
ALVAREZ, JASSMEN
2519 ISLAND DRIVE
MIRAMAR, FL 33023** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
HOYT, SHARON
8763 SW 53RD ST.
COOPER CITY, FL 33328** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**O
CARDONA, EVELYN
2837 ARCADIA DRIVE
MIRAMAR, FL 33023** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Officer
Brown, Marsha
7917 Indigo street
Miramar, FL 33023** ☐ Change ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Add

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jassmen
(Sorry!)