## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000000969

FILED Jan 22, 2009 Secretary of State

| Entity Name: SUNSHINE CONDOMINIUM ASSOCIATION, INC. |   |                                  |   |  |  |
|---|---|----------------------------------|---|--|--|
| Current Principal Place of Business:                |   |                                  | New Principal Place                         | e of Business:                               |  |
| 346 PALM S<br>HOLLYWO                               | ST<br>OD, FL 33019  |                                  |   |  |  |
| Current Mailing Address:                            |   |                                  | New Mailing Addres                          | New Mailing Address:                         |  |
| 235 SW 7TI<br>DANIA, FL                             |   |                                  |   |  |  |
| FEI Number:   | 20-8931276  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:       |   |                                  | Name and Address                            | Name and Address of New Registered Agent:    |  |
| LEWIS, JOI<br>235 SW 7TI<br>DANIA BEA               |   | US                               |   |  |  |
| The above in the State                              |   | ubmits this statement for the pu | rpose of changing its register              | ed office or registered agent, or both,      |  |
| SIGNATUR  | E:  |                                  |   |  |  |
|   | Electronic  | Signature of Registered Ager     | nt  | Date   |  |
| OFFICERS AND DIRECTORS:                             |   |                                  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:         | PD () [<br>LEWIS, JOHN C<br>235 SW 7TH ST<br>DANIA BEACH, F | Delete<br>L 33004                | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:         | TSD ()[<br>LUBY, JEANNE<br>346 PALM STRE<br>HOLLYWOOD, F    |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:         | D () [<br>LEWIS, GARDNE<br>82 LITTLE ISLAN<br>WEST FALMOUT  | ID ROAD                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

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: JOHN C LEWIS PD 01/22/2009