

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 17 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N07289 (4)
1. Corporation Name
SUNSET COLONY TENANTS ASSOCIATION, INC.

Principal Place of Business Mailing Address
% 2400 W BROWARD BLVD % 2400 W BROWARD BLVD
LOT 925 LOT 925
FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified 01/24/1985 3a. Date of Last Report 03/02/1994
4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 25
22 Suite, Apt. #, etc. Suite, Apt. #, etc.
23 City & State City & State
24 Zip Country 25 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

DESJARDINS, JACQUES
2400 W BROWARD AVENUE
LOT 925
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name CAMPEAU ROSE
82 Street Address (P.O. Box Number is Not Acceptable) 2400 W BROWARD BLVD
83 LOT 901
84 City FT LAUDERDALE FL 85 Zip Code 33312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Rose Campeau
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

MARCH 13/95
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BOHLMAN, SANDRA J.
STREET ADDRESS 2400 W BROWARD BLVD 1805
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE VD
NAME MORISSETTE, JACKIE
STREET ADDRESS 2400 W BROWARD BLVD 717
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE SD
NAME MORISSETTE, JACKIE
STREET ADDRESS 2400 W BROWARD BLVD 519
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE TD
NAME DESJARDINS, JACQUES
STREET ADDRESS 2400 W BROWARD BLVD 1408
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE D
NAME MARINIER, CELINE
STREET ADDRESS 2400 W BROWARD BLVD 1408
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE D
NAME SHOCK, ERNIE
STREET ADDRESS 2400 W BROWARD BLVD 1227
CITY-ST-ZIP FT. LAUDERDALE FL 33312

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME DESJARDINS, JACQUES
1.3 STREET ADDRESS 2400 W BROWARD BLVD #925
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33312

2.1 TITLE V/D ☐ Change ☐ Addition
2.2 NAME MORISSETTE, JACKIE
2.3 STREET ADDRESS 2400 W. BROWARD BLVD #717
2.4 CITY-ST-ZIP FT LAUDERDALE FL 33312

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME PAQUETTE, MADELINE
3.3 STREET ADDRESS 2400 W BROWARD BLVD #519
3.4 CITY-ST-ZIP FT LAUDERDALE FL 33312

4.1 TITLE T/D ☐ Change ☒ Addition
4.2 NAME CAMPEAU ROSE
4.3 STREET ADDRESS 2400 W BROWARD BLVD #901
4.4 CITY-ST-ZIP FT LAUDERDALE FL 33312

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME COTE, ANDRE
5.3 STREET ADDRESS 2400 W BROWARD BLVD #725
5.4 CITY-ST-ZIP FT LAUDERDALE FL 33312

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME ST-PIERRE, MARCEL
6.3 STREET ADDRESS 2400 W. BROWARD BLVD #1507
6.4 CITY-ST-ZIP FT LAUDERDALE FL 33312

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Rose Campeau
Signature and typed or printed name of signing officer or director

3/1/1995 305-5833442
Date (Initials)