2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N08000006103

Entity Name: SUNSHINE ESTATES COMMUNITY NEIGHBORHOOD ASSOCIATION INC.

Current Principal Place of Business:

3518 SUNKISSED ROAD
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

3518 SUNKISSED ROAD
TALLAHASSEE, FL 32305

New Mailing Address:

FEI Number: 37-1569475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAZELTON, ANNETTE L
3518 SUNKISSED ROAD
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	HUNTER, STEVEN	
Address:	3519 SUNKISSED ROAD	
City-St-Zip:	TALLAHASSEE, FL 32305	
Title:	DV	( ) Delete
Name:	HAYES, RUBY	
Address:	3541 SUNDOWN ROAD	
City-St-Zip:	TALLAHASSEE, FL 32305	
Title:	DS	( ) Delete
Name:	HAZELTON, ANNETTE	
Address:	3518 SUNKISSED ROAD	
City-St-Zip:	TALLAHASSEE, FL 32305	
Title:	DS	( ) Delete
Name:	KING, BARBARA	
Address:	815 SUNDOWN LANE	
City-St-Zip:	TALLAHASSEE, FL 32305	
Title:	DT	( ) Delete
Name:	THOMPSON, JUANITA	
Address:	3565 SUNDOWN ROAD	
City-St-Zip:	TALLAHASSEE, FL 32305	
Title:	DT	( ) Delete
Name:	EALEY, CORA	
Address:	3519 SUNKISSED ROAD	
City-St-Zip:	TALLAHASSEE, FL 32305	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: STEVEN S. HUNTER PRES 03/27/2009

Electronic Signature of Signing Officer or Director — Date