

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathiam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	N12323	(4)
1. Corporation Name SUNSHINE HOME OWNERS ASSOCIATION, INC.		

Principal Place of Business C/O WILFRED DE YOUNG 3153 GARDEN LANE LAKE WORTH FL 33461	Mailing Address C/O WILFRED DE YOUNG 3153 GARDEN LANE LAKE WORTH FL 33461
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent DE YOUNG, WILFRED 3153 GARDEN LANE LAKE WORTH FL 33461	
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FILED
95 FEB 28 AM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 12/02/1985	3a. Date of Last Report 02/25/1994
4. FEI Number 35-4389926	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	

10. Name and Address of New Registered Agent	
81 Name DE YOUNG, WILFRED	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 AS PREVIOUS	
84 City	85 Zip Code FL

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	LANENGA, JACK	1.2 NAME	NAGELKIRK, GORDON
STREET ADDRESS	3128 ELISA LN	1.3 STREET ADDRESS	Lot #41
CITY - ST - ZIP	LAKE WORTH FL	1.4 CITY - ST - ZIP	2765 - 10th Ave. N - Lake Worth, FLA ☐ Change ☐ Addition
TITLE	V	2.1 TITLE	V ☐ Change ☐ Addition
NAME	NAGELKIRK, GORDON	2.2 NAME	HENDRIKSEN, BERNARD
STREET ADDRESS	2765 10TH AVE. N. LOT #41	2.3 STREET ADDRESS	3087 Garden Lane
CITY - ST - ZIP	LAKE WORTH FL	2.4 CITY - ST - ZIP	Lake Worth, FL
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	SPOELMA, DOROTHY	3.2 NAME	SPOELMA, DOROTHY
STREET ADDRESS	3115 ELISA LANE	3.3 STREET ADDRESS	3101 Elisa Lane
CITY - ST - ZIP	LAKE WORTH FL	3.4 CITY - ST - ZIP	Lake Worth, Fla.
TITLE	TD	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	FEYEN, JOHN	4.2 NAME	FEYEN, JOHN
STREET ADDRESS	3062 FLEX LN	4.3 STREET ADDRESS	3062 Flex Lane
CITY - ST - ZIP	LAKE WORTH FL	4.4 CITY - ST - ZIP	Lake Worth, Fla.
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy Spoelma 2/24/95 1-407-968-7590
Dorothy Spoelma, Sec.