

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12323 (4)

1. Corporation Name

SUNSHINE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O WILFRED DE YOUNG
3153 GARDEN LANE
LAKE WORTH FL 33461

C/O WILFRED DE YOUNG
3153 GARDEN LANE
LAKE WORTH FL 33461

3. Date Incorporated or Qualified
12/02/1985

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **2765 N. 10th Ave.**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 **Lake Worth, Fla**

28 City & State

24 Zip

Country

Zip

Country

24 **33461**

25 **PALM Beach**

29

30

4. FEI Number
36-4389926

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE YOUNG, WILFRED
3153 GARDEN LANE
LAKE WORTH FL 33461**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **NAGELKIRK, GORDON**
STREET ADDRESS **LOT #41 2765 10TH AVE N**
CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **HENDRIKSEN, BERNARD**
STREET ADDRESS **3087 GARDEN LANE**
CITY-ST-ZIP **LAKE WORTH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **SPOELMA, DOROTHY**
STREET ADDRESS **3101 ELISA LANE**
CITY-ST-ZIP **LAKE WORTH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **FEYEN, JOHN**
STREET ADDRESS **3062 FLEX LN**
CITY-ST-ZIP **LAKE WORTH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorothy Spelma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

407-968-7590

Date

Daytime Phone #

CR2E037 (12/95)