FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N12323

SUNSHINE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business								
2765 NORTH 10TH AVENUE LAKE WORTH FL 33461								
110								

Mailing Address

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90054 037 ****61.25

2765 NORTH 1 LAKE WORTH US		C/O WILFRED DE YOUNG 3153 GARDEN LANE LAKE WORTH FL 33461								
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 12/02/1985				
21		26				4. FEI Number		1 10-	uliad Car	ł
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			36-4389926			plied For	}	
22	·	27	4			30 4303320		\$8.75 A	t Applicable	1.
City & State	9	City & State	3			5. Certifcate of Status Desired		Fee Re		
Zip	Country Zip Co			try	-	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	•	}
!	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	egistered A	gent]
			8	31	Name					ĺ
DE VOLINA	G, WILFRED		-	32	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			1
	DEN LANE				-1100t /10010	to the second transfer in the transfer				
	RTH FL 33461		8	33	,					
	MIII 1 E 00-101		8	34	City		FL	85 Zip C	Code	1
	60 11 047 0500	1047 4F00 FI-11- CA-1-1-	45			votion authority this statement for the		banging its	rogistered	1
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 a	und title if applicable. (NOTE: Re	egistered A	gent :	signature required		DATE			ۇ 🌡
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND			;
TITLE	PD	☐ DELETE	1.1 TITLE	E.	~	•		☐ Change	Addition	3
NAME	BAAS, NEAL		1.2 NAM	E						5
STREET ADORESS	LOT 21, 2765 10TH AVE N		1.3 STR	EETA	ADDRESS					8
CITY-ST-ZIP			1,4 CITY	'-ST-	ZIP] 8
TITLE	V	☐ DELETE	2.1 TITL	£				☐ Change	☐ Addition	١,
NAME	RAVEHORST, DICK 222N		2.2 NAM	E						}
STREET ADDRESS			2.3 STR	EET A	ADDRESS					İ
CITY-ST-ZIP			2. 4 CITY	Y-ST-	- ZIP					
TITLE	SD	☐ DELETE	3.1 TITLE					Change	Addition	1
NAME:	:WAGNER: JOAN		3.2 NAM							{
STREET ADDRESS	[N L Z N N N N L N L N N L Z N N N L Z N L N L				ADDRESS					
CITY-ST-ZIP				Y-ST-						
TITLE	TD	☐ DELETE	4.1 TITL					☐ Change	☐ Addition	1
NAME	DAVIS, RICHARD		4. 2 NAM							
STREET ADDRESS					ADDRESS .					
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY		,				1. 1.1	
TITLE		☐ DELETE	5.1 TITLE	E		•		☐ Change	☐ Addition	
NAME			5.2 NAM	Æ						
STREET ADDRESS			5.3 STR	EETA	ADDRESS					
CITY-ST-ZIP	\$25 p.		5.4 CITY	'-ST-	ZIP					
TITLE	\$26 m. L. e. 1 f	☐ DELETE	6.1 TITL	E				Change	☐ Addition]
NAME	BEST OF STREET		6.2 NAM	ŧΕ						
STREET ADDRESS	Section 1		6.3 STR	EETA	ADORESS					{
CITY-ST-ZIP	•		6.4 CITY	'-ST-	ZIP					
COLL-CL-ALL					<u> </u>					

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.