


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90061 023 ****70.00

DOCUMENT # N12323					
1. Entity Name SUNSHINE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 2765 10TH AVENUE NORTH LAKE WORTH FL 33461 US			Mailing Address C/O JIM DOWER 3128 ELISA LANE LAKE WORTH FL 33461		
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-4389926	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOWER, JIM D 3128 ELISA LANE LAKE WORTH FL 33461		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Jim Dower - President</u> (NOTE: Registered Agent signature required with Secretary) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD DIGLORIA, CATHY 3124 GARDEN LN LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD James Dower 3128 ELISA LN LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD DIGLORIA, BILLY 3124 GARDEN LN LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VD PAUL HILL 2765 10TH AVENUE NORTH 6042 LAKE WORTH FLA 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD DOWER, JIM 3128 ELISA LANE LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TD WILLIAM L JAGOE JR 3156 ELISA LN LAKE WORTH FLA 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD ISAGUIRRE, MARGARITA 3076 ELISA LANE LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SD CATHY DIGLORIA 3124 GARDEN LN LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DI GLORIO, BILLY 3124 GARDEN LANE LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D MARY L DOWER 3128 ELISA LN LAKE WORTH FLA 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T JAGOE, WILLIAM L JR 3186 ELISA LANE LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

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