FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:30

DOCUMENT # N17767 (7)

1. Corporation Name
SUNSHINE CITY ADULT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
360 NW 134 AVE PLANTATION FL 33325 US	360 NW 134 AVE PLANTATION FL 33325 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0205559 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 331 NW 134th Ave.	26 331 NW 134th Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Plantation, FL	City & State 28 Plantation, FL
Zip 24 33325 Country 25 USA	Zip 29 33325 Country 30 USA

9. Name and Address of Current Registered Agent

JAYE, JUDITH
340 NW 135TH WAY
PLANTATION FL 33325

10. Name and Address of New Registered Agent

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 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: Judith Jaye, R.A. 3/10/95
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	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	~~ZIMMERMAN, PAUL J~~	1.2 NAME	Peter Poulos
STREET ADDRESS	~~360 NW 134 AVE~~	1.3 STREET ADDRESS	331 NW 134th Ave.
CITY-ST-ZIP	~~PLANTATION FL~~	1.4 CITY-ST-ZIP	Plantation, FL 33325
TITLE	D	2.1 TITLE	D ☐ Change ☐ Addition
NAME	MURPHY, JAMES	2.2 NAME	James Murphy
STREET ADDRESS	13461 NW 5TH ST.	2.3 STREET ADDRESS	13461 NW 5th St.
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Plantation, FL
TITLE	~~S~~ T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	GUCCIO, GLORIA	3.2 NAME	
STREET ADDRESS	321 NW 134 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	S ☒ Change ☐ Addition
NAME	~~WESTLAKE, BARBARA~~	4.2 NAME	Martha Ferland
STREET ADDRESS	~~410 NW 135TH AVE~~	4.3 STREET ADDRESS	381 Commodore Dr.
CITY-ST-ZIP	~~PLANTATION FL~~	4.4 CITY-ST-ZIP	Plantation, FL 33325
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MONACO, JACK	5.2 NAME	
STREET ADDRESS	13461 NW 4 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	VP ☒ Change ☐ Addition
NAME	~~WESTLAKE, HOWARD~~	6.2 NAME	Marcel Lareau
STREET ADDRESS	~~410 NW 135 AVE~~	6.3 STREET ADDRESS	320 NW 135th Ave.
CITY-ST-ZIP	~~PLANTATION FL~~	6.4 CITY-ST-ZIP	Plantation, FL 33325

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)(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.

SIGNATURE: X Peter Poulos, Pres. 3/10/95 305-475-9285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047170