


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17767 (7)**  
1. Corporation Name  
**SUNSHINE CITY ADULT HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>331 NW 134TH AVE PLANTATION FL 33325 US</b>	Mailing Address <b>331 NW 134TH AVE PLANTATION FL 33325 US</b>
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3. Date Incorporated or Qualified <b>11/14/1986</b>
4. FEI Number <b>65-0205559</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 340 NW 135th Way</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28 Plantation, FL</b>
Zip <b>24</b>	Country <b>25</b>
<b>29 33325</b>	<b>30 USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JAYE, JUDITH 340 NW 135TH WAY PLANTATION FL 33325</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 Judith Jaye (Signature, typed or printed name of registered agent and title if applicable.) Judith Jaye (Typed name of Registered Agent signature required when reinstating) 2-18-98 (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>POULOS, PETER</b>
STREET ADDRESS	<b>331 NW 134TH AVE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MURPHY, JAMES</b>
STREET ADDRESS	<b>13461 NW 5TH ST.</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>GUCCIO, GLORIA</b>
STREET ADDRESS	<b>321 NW 134 AVE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MAZURKEVITH, VINCENT</b>
STREET ADDRESS	<b>405 NW 134TH AVENUE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MONACO, JACK</b>
STREET ADDRESS	<b>13461 NW 4 CT</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LAREAU, MARCEL</b>
STREET ADDRESS	<b>320 NW 135TH AVE</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Mulford, Robert</b>
1.3 STREET ADDRESS	<b>361 NW 134th Way</b>
1.4 CITY-ST-ZIP	<b>Plantation, FL 33325</b>
2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Ostigay, Claude</b>
2.3 STREET ADDRESS	<b>380 NW 134th Ave.</b>
2.4 CITY-ST-ZIP	<b>Plantation, FL 33325</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Salisbury, Ruth</b>
4.3 STREET ADDRESS	<b>441 NW 135th Way</b>
4.4 CITY-ST-ZIP	<b>Plantation, FL 33325</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Applegate, John</b>
5.3 STREET ADDRESS	<b>411 NW 134th Ave.</b>
5.4 CITY-ST-ZIP	<b>Plantation, FL 33325</b>
6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Classen, James</b>
6.3 STREET ADDRESS	<b>401 NW 134th Ave</b>
6.4 CITY-ST-ZIP	<b>Plantation, FL 33325</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Mulford Robert Mulford, Pres. 2/18/98

CR2E037 (10/97)