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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N17767

1. Corporation Name

SUNSHINE CITY ADULT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

331 NW 134TH AVE  
PLANTATION FL 33325  
US

Mailing Address

340 NW 135TH WAY  
PLANTATION FL 33325  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/14/1986

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

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

Pete J Poulos

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

331 NW 134th Ave.

83

84 City

PLANTATION

FL

85 Zip Code

33325

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: *Peter Poulos*  
Signature, typed or printed name of registered agent and title if applicable.

Peter Poulos

3/6/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME MULFORD, ROBERT  
STREET ADDRESS 361 NW 134TH WAY  
CITY-ST-ZIP PLANTATION FL 33325

TITLE VP ☐ DELETE  
NAME OSTIGAY, CLAUDE  
STREET ADDRESS 380 NW 134TH AVE  
CITY-ST-ZIP PLANTATION FL 33325

TITLE T ☐ DELETE  
NAME GUCCIO, GLORIA  
STREET ADDRESS 321 NW 134 AVE  
CITY-ST-ZIP PLANTATION FL

TITLE S ☐ DELETE  
NAME SALISBURY, RUTH  
STREET ADDRESS 441 NW 135TH WAY  
CITY-ST-ZIP PLANTATION FL 33325

TITLE D ☐ DELETE  
NAME APPELGADE, JOHN  
STREET ADDRESS 411 NW 134TH AVE  
CITY-ST-ZIP PLANTATION FL 33325

TITLE D ☐ DELETE  
NAME CLASSEN, JAMES  
STREET ADDRESS 401 NW 134TH AVE  
CITY-ST-ZIP PLANTATION FL 33325

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME OSTIGAY, CLAUDE CLAUDE  
1.3 STREET ADDRESS 380 NW 134TH AVE  
1.4 CITY-ST-ZIP PLANTATION, FL. 33325

2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME KERN, EMIL  
2.3 STREET ADDRESS 13460 NW 3rd Place  
2.4 CITY-ST-ZIP PLANTATION, FL. 33325

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

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

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

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

14. 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.

SIGNATURE: X

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 X (954)  
Date Daytime Phone #

CR2E037 (11/98)