

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N17767**

1. Entity Name

SUNSHINE CITY ADULT HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90119 007 ****61.25

Principal Place of Business

Mailing Address

321 N.W. 134TH AVENUE
PLANTATION FL 33325
US321 N.W. 134TH AVENUE
PLANTATION FL 33325
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0205559

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUCCIO, GLORIA
321 N.W. 134TH AVENUE
PLANTATION FL 33325

Name

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS OSTIGAY, CLAUDE
CITY-ST-ZIP 380 N.W. 134TH AVENUE
PLANTATION FL 33325TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME VP
STREET ADDRESS KERN, EMIL
CITY-ST-ZIP 13460 N.W. 3RD PLACE
PLANTATION FL 33325TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME S
STREET ADDRESS SALISBURY, RUTH
CITY-ST-ZIP 441 N.W. 135TH WAY
PLANTATION FL 33325TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME T
STREET ADDRESS GUCCIO, GLORIA
CITY-ST-ZIP 321 N.W. 134TH AVENUE
PLANTATION FL 33325TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS BROWN, MARIE
CITY-ST-ZIP 425 N.W. 135TH WAY
PLANTATION FL 33325TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS PECORARO, CLARA
CITY-ST-ZIP 330 N.W. 134TH AVENUE
PLANTATION FL 33325TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Date

Daytime Phone #

CR2E037 (10/00)