

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N29966</b>	
1. Entity Name <b>ORLANDO'S SUNSHINE RESORT CONDOMINIUM ASSOCIATION, INC.</b>	
Principal Place of Business <b>5473 DEL VERDE WAY ORLANDO, FL 32819</b>	Mailing Address <b>4960 CONFERENCE WAY N SUITE 100 BOCA RATON, FL 33431</b>



03272008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2916897</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, DEBORAH 3527 ACRE COURT LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BASYE, LEON 4960 CONFERENCE WAY N STE 100 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/22/08-80043-022 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*561-912-8129*