2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005
Secretary of State

DOCUMENT# N93000000628

Entity Name: SUNSHINE PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

607 AVON ROAD
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6453
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-0407378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNUPP, JOHN
607 AVON RD
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KNUPP, JOHN
Address: 607 AVON ROAD
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: D ( ) Delete
Name: SCORZA, THOMAS
Address: 615 AVON ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete
Name: SINE, CHERYL
Address: 524 UPLAND RD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete
Name: ADKINS, JEFF
Address: 606 SUNSET RD
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL SINE S 04/09/2005

Electronic Signature of Signing Officer or Director — Date