

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90375 004 \*\*\*\*61.25

**DOCUMENT # N93000000628**

1. Entity Name  
**SUNSHINE PARK NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business  
**607 AVON ROAD  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**P.O. BOX 6453  
WEST PALM BEACH, FL 33405**



2. Principal Place of Business  
**PO Box 6453**

3. Mailing Address  
**PO Box 6453**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**West Palm Bch FL**

City & State

**West Palm Bch FL**

Zip

**33405**

Country

**USA**

Zip

**33405**

Country

**USA**

04132006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**65-0407378**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Sine, Cheryl**  
Street Address (P.O. Box Number is Not Acceptable)  
**524 Upland Rd**  
City **West Palm Bch** FL Zip Code **33401**

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]* **Linda Saenz Secretary** **4-12-06**

Signature, typewritten 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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | KNUPP, JOHN               |  |
| STREET ADDRESS | 607 AVON ROAD             |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33401 |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | SCORZA, THOMAS            |  |
| STREET ADDRESS | 615 AVON ROAD             |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33401 |  |
| TITLE          | S                         | <input type="checkbox"/> Delete            |
| NAME           | SINE, CHERYL              |  |
| STREET ADDRESS | 524 UPLAND RD             |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33401 |  |
| TITLE          | T                         | <input type="checkbox"/> Delete            |
| NAME           | ADKINS, JEFF              |  |
| STREET ADDRESS | 606 SUNSET RD             |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL 33401 |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | D                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | SAENZ Charles          |  |
| STREET ADDRESS | 612 Avon Rd            |  |
| CITY-ST-ZIP    | West Palm Bch FL 33401 |  |
| TITLE          | S                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | SAENZ Linda            |  |
| STREET ADDRESS | 612 Avon Rd            |  |
| CITY-ST-ZIP    | West Palm Bch FL 33401 |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Sine, Cheryl           |  |
| STREET ADDRESS | 524 Upland Rd          |  |
| CITY-ST-ZIP    | West Palm Bch FL 33401 |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

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]* **Linda Saenz** **4-12-06** **561 659 9731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #