

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000000628 1. Entity Name SUNSHINE PARK NEIGHBORHOOD ASSOCIATION, INC. <div style="text-align: right; margin-top: 5px;">W08-35718</div>		 <div style="text-align: right; margin-top: 10px;"> FILED 08 AUG 11 AM 10:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business P.O. BOX WEST PALM BEACH, FL 33405 US		Mailing Address P.O. BOX WEST PALM BEACH, FL 33405 US	
2. Principal Place of Business - No P.O. Box 524 Upland Rd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6453 Suite, Apt. #, etc.	
City & State West Palm Bch		City & State West Palm Bch FL	
Zip 33401		Zip 33405	
Country USA		Country USA	
4. FEI Number 65-0407378		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINE, CHERYL 524 UPLAND RD WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Cheryl Sine</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 6/17/08 <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>			
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SAENZ, CHARLES 612 AVON RD WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600133537626 07/28/08--01060--003 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SANEZ, LINDA 612 AVON RD WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SINE, CHERYL 524 UPLAND RD WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete ADKINS, JEFF 606 SUNSET RD WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Turn Scorza 615 Avon Rd West Palm Bch FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John W Knupp 607 Avon Rd West Palm Bch FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete (Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Wilhelm 533 Westwood Rd West Palm Bch FL 33401
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: <i>Cheryl Sine</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;"> 561-358-6470 <small>Daytime Phone #</small> </div>	