

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90002 030 \*\*\*\*70.00

**DOCUMENT # N99000006425**

**1. Entity Name**  
**INFORMED RESIDENTS OF SUNSHINE RANCHES, INC.**



**Principal Place of Business**  
4919 SW 148TH AVE  
DAVIE, FL 33330

**Mailing Address**  
4919 SW 148TH AVE  
DAVIE, FL 33330

**DO NOT WRITE IN THIS SPACE**



09072005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1134000</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

LAMBERTUS, ARTHUR W  
LAMBERTUS & LAMBERTUS, P.A.  
2929 E COMMERCIAL BLVD, SUITE 604  
FT LAUDERDALE, FL 33308

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**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 September 7, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** LETTERESE, PETER  
**STREET ADDRESS** 5000 SW 148TH AVE  
**CITY-ST-ZIP** FT LAUDERDALE, FL 33330

**TITLE** STD  
**NAME** FAWCETT, BARBARA  
**STREET ADDRESS** 5100 SW 148TH AVE  
**CITY-ST-ZIP** FT LAUDERDALE, FL 33330

**TITLE** D  
**NAME** LETTERESE, RAMONA  
**STREET ADDRESS** 5000 SW 148TH AVE  
**CITY-ST-ZIP** FT LAUDERDALE, FL 33330

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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:** *Barbara Fawcett* *Secretary* *9-7-05*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #