## 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P02000039087** 1. Entity Name



## **FILED** Jan 12, 2004 8:00 am Secretary of State

LIFESTYLE UNDER THE SUN REAL ESTATE, INC.					01-12-2004 90005 016 ***158.75			
Principal Place of Business 2000 PGA BLVD, SUITE 2100 PALM BEACH GARDENS, FL 33408		Mailing Address 2000 PGA BLVD, SUITE 2100 PALM BEACH GARDENS, FL 33408						
•	face of Business	3. Mailing Address	·					
	W Forest Hill Blv		12230 W Forest Hill					
Suite, Apt. #, etc. Suite 174		Suite, Apt. #, etc.		01082004	Chg-P	CR2E034 (10/	03)	
City & State		Suite 174 City & State		4. FEI Num	ber		Applied For	
Wellington, FL		Wellington, FL		1	57270	F	Not Applicable	
Zip	Country	Zip	Country	6 Cortifica	te of Status Desired	\$8.75	Additional	
33414	US	33414	UŞ	l	·····	Fee Rec	quired	
6. Name and Address of Current Registered Agent				7. Name ar	nd Address of New Re	gistered Agent		
TAVEDNICE WILLIAM A ID							•	
TAVERNISE, WILLIAM A JR. 12011 POINCIANA BLVD. #204				Street Address (P.O. Box Number is Not Acceptable)				
ROYAL PALM BEACH, FL 33411					•		<del></del>	
			City			FL Zip	Code	
A The shove	named entity submits this statement for	the nurrose of changing its re	reistered office o	r registered enent, or h	with in the State of Flor		with and accept	
	ions of registered agent.	perpose of onlying no to	giotored emee e	rogidiorod agorii, or i	Acti, in the diale of the	ida. Tan rangia	min, and decopi	
							•	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: P	legistered Agent signat	ure required when reinstating)	· <del></del>	OATE	<del></del>	
<u>*                                      </u>		<u> </u>	<del></del>	<del></del>	<del>. T</del>	<del></del>	<u> </u>	
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND D	IRECTORS	<u> 11.</u>	: ADDITION	L S/CHANGES TO OFFI	CERS AND DIRECT	TORS IN 11	
TILE	P	☐ Delete	TITLE	Abbillen	STOTIANGES TO OTTE	Cha ☐ Cha		
NAME	TAVERNISE, WILLIAM JR		NAME				ngo raanyon	
STREET ADDRESS	12011 POINCIAN BLVD, 204		STREET ADDRESS	Ì				
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE			☐ Cha	nge 🔲 Addition	
NAME	PUCCIO, SALVATORE		NAME	[				
STREET ADDRESS	10297 NW 53RD CT		STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS, FL 33076		CITY-ST-ZIP					
TITLE		☐ Delete	ΠΙΣΕ		/Treasurer	· 🗀 Cha	nge XXX Addition	
NAME STREET ADDRESS			NAME	Tavernise				
CITY-ST-ZIP		*	STREET ADDRESS CITY-ST-ZIP		nciana Blv	rd., 204		
IIILE		☐ Delete	TITLE	Royal Pal	m Beach, F	7L 33411 ☐ Cha	nge 🔲 Addition	
NAME		L) Delete	NAME			L. Cha	inge 🗀 Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	ì	-			
TITLE		☐ Delete	TITLE			. Cha	nge Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS		``			
CITY-ST-ZIP	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Cha.	nge 🔲 Addition	
NAME			NAME				11 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STREET ADDRESS CITY-ST-ZIP	100 100 100 100 100 100 100 100 100 100	i e	STREET ADDRESS CITY-ST-ZIP	100	1			
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12. Thereby	certify that the information supplied with t	nis tiling does not qualify for the	ne exemption sta	itea in Section 119.07(	s)(i), Florida Statutes. I	turner certify that	ine 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 607, 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: **L** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Tavernise Jr. 1/2/04 561-227-1551
Date Date Date Date Date