

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 4:30

DOCUMENT # N17767 (7)

1. Corporation Name

SUNSHINE CITY ADULT HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1986 3a. Date of Last Report 05/01/1994

4. FEI Number 65-0205559 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

Principal Place of Business

Mailing Address

360 NW 134 AVE
PLANTATION FL 33325
US

360 NW 134 AVE
PLANTATION FL 33325
US

2. Principal Place of Business

2a. Mailing Address

21 331 NW 134th Ave.

26 331 NW 134th Ave.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Plantation, FL

Plantation, FL

24 Zip

25 Country

33325

USA

29 Zip

30 Country

33325

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAYE, JUDITH
340 NW 135TH WAY
PLANTATION FL 33325

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Judith Jaye Judith Jaye, R.A.

3/10/95

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ZIMMERMAN, PAUL
STREET ADDRESS 360 NW 134 AVE
CITY-ST-ZIP PLANTATION FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P
Peter Poulos
331 NW 134th Ave.
Plantation, FL 33325 ☒ Change ☐ Addition

TITLE D
NAME MURPHY, JAMES
STREET ADDRESS 13461 NW 5TH ST.
CITY-ST-ZIP PLANTATION FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
James Murphy
13461 NW 5th St.
Plantation, FL ☐ Change ☐ Addition

TITLE S
NAME GUCCIO, GLORIA
STREET ADDRESS 321 NW 134 AVE
CITY-ST-ZIP PLANTATION FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

S
Gloria Guccio
321 NW 134 Ave.
Plantation, FL ☒ Change ☐ Addition

TITLE D
NAME WESTLAKE, BARBARA
STREET ADDRESS 410 NW 135TH AVE
CITY-ST-ZIP PLANTATION FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

S
Martha Ferland
381 Commodore Dr.
Plantation, FL 33325 ☒ Change ☐ Addition

TITLE D
NAME MONACO, JACK
STREET ADDRESS 13461 NW 4 CT
CITY-ST-ZIP PLANTATION FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D
Jack Monaco
13461 NW 4 Ct.
Plantation, FL ☐ Change ☐ Addition

TITLE D
NAME WESTLAKE, HOWARD
STREET ADDRESS 410 NW 135 AVE
CITY-ST-ZIP PLANTATION FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

VP
Marcel Lareau
320 NW 135th Ave.
Plantation, FL 33325 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter Poulos* Peter Poulos, Pres.

3/10/95

305-475-9285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number