

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **717767**

1. Entity Name

Sunshine City Homeowners Assoc. Inc.

DATE INC. *11/14/1986*

Principal Place of Business

*321 NW 134th Ave.
Plantation, Fla. 33325
OS*

Mailing Address

*321 NW 134th Ave.
Plantation Fla.
33325
OS*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0205559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

*Pete Poulas
331 NW 134th Ave.
Plantation, Florida 33325*

7. Name and Address of New Registered Agent

Name *GLORIA GUCCIO*
Street Address (P.O. Box Number is Not Acceptable)
321 NW 134th Ave.
City *Plantation* FL Zip Code *33325*

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.

SIGNATURE

GLORIA GUCCIO Treas.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<i>P</i>	NAME	<i>OSTIGUY, CLAUDE</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>350 NW 134th Ave.</i>			
CITY-ST-ZIP	<i>PLANTATION, Fla. 33325</i>			
TITLE	<i>VP</i>	NAME	<i>KERN, EMIL</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>13460 NW 3rd Place</i>			
CITY-ST-ZIP	<i>PLANTATION Fla. 33325</i>			
TITLE	<i>S</i>	NAME	<i>SALISBURY, RUTH</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>441 NW 135th Way</i>			
CITY-ST-ZIP	<i>PLANTATION FLA 33325</i>			
TITLE	<i>T</i>	NAME	<i>GUCCIO, GLORIA</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>321 NW 134th Ave.</i>			
CITY-ST-ZIP	<i>PLANTATION Fla. 33325</i>			
TITLE	<i>D</i>	NAME	<i>BROWN, MARIE</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>425 NW 135th Way</i>			
CITY-ST-ZIP	<i>PLANTATION, Fla.</i>			
TITLE	<i>D</i>	NAME	<i>PECORARO, CLARA</i>	<input type="checkbox"/> Delete
STREET ADDRESS	<i>330 NW 134th Ave.</i>			
CITY-ST-ZIP	<i>PLANTATION Fla. 33325</i>			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>D</i>	NAME	<i>KERN, MAXINE</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>13460 NW 3rd Pl.</i>			
CITY-ST-ZIP	<i>Plantation Fla. 33325</i>			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

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:

GLORIA GUCCIO Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 APR 10 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CD000037 10/06