

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706002

**Entity Name:** SUNLAND APARTMENTS, INC. NUMBER TWO

**Current Principal Place of Business:**

3850 NE 21ST WAY  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

C/O JSB PROPERTY MANAGEMENT, INC  
PO BOX 50373  
LIGHTHOUSE POINT, FL 33074 US

**FEI Number:** 59-1087722

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JSB PROPERTY MANAGEMENT, INC  
2091 NE 26 STREET  
BOX 50373  
LIGHTHOUSE POINT, FL 33074 US

*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:** JAMIE BLUM

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ZUCCARO, FRANCESCO  
Address        C/O JSB PROPERTY MANAGEMENT,  
                  INC  
                  PO BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

Title            DIRECTOR  
Name            BIVIANO, PATRICIA  
Address        C/O JSB PROPERTY MANAGEMENT,  
                  INC  
                  PO BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

Title            SECRETARY AND TREASURER  
Name            VICKI , PRISTO  
Address        C/O JSB PROPERTY MANAGEMENT,  
                  INC  
                  PO BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

Title            VP  
Name            HANLON, RHONDA  
Address        3100 NE 48 COURT  
                  #111  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title            DIRECTOR  
Name            LOBER, AARON  
Address        C/O JSB PROPERTY MANAGEMENT,  
                  INC  
                  PO BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AARON LOBER

DIR

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date