

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008543

**Entity Name:** SUNSHINE MIRROR COMPLEX ASSOCIATION, INC.

**Current Principal Place of Business:**

2811 NORTH INDIAN RIVER DRIVE  
FORT PIERCE, FL 34946

**Current Mailing Address:**

2811 NORTH INDIAN RIVER DRIVE  
FORT PIERCE, FL 34946 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REED, DALE T  
2811 NORTH INDIAN RIVER DRIVE  
FORT PIERCE, FL 34946 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY, DIRECTOR  
Name            REED, DALE T  
Address        2811 NORTH INDIAN RIVER DRIVE  
City-State-Zip: FORT PIERCE FL 34946

Title            VICE-PRESIDENT, DIRECTOR  
Name            REED, RYAN D  
Address        9529 SHADOW LANE  
City-State-Zip: FORT PIERCE FL 34951

Title            DIRECTOR  
Name            REED, JANE FOWLER  
Address        2811 NORTH INDIAN RIVER DRIVE  
City-State-Zip: FORT PIERCE FL 34946

*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:** DALE T. REED

**PRESIDENT**

**04/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date