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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730538

1. Corporation Name
SUNNY HILLS CIVIC AND IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business P.O. BOX 423 WAUSAU FL 32463	Mailing Address P.O. BOX 423 WAUSAU FL 32463
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/27/1974
23 City & State	28 City & State	4. FEI Number 59-2667038
24 Zip	29 Zip	5. Certificate of Status Desired <input type="checkbox"/>
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent MONGOVEN, WILLIAM J 105 SOUTH FIFTH STREET CHIPLEY FLORIDA FL 32428	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKLEY, RANDALL	1.2 NAME	HENRYK. WASILEWSKI
STREET ADDRESS	2010 KILLIAN DRIVE	1.3 STREET ADDRESS	4114 Cambridge DR.
CITY-ST-ZIP	CHIPLEY FL 32428	1.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, LESA	2.2 NAME	GLEN ZANETIC
STREET ADDRESS	4017 CHAPEL AVE	2.3 STREET ADDRESS	1714 QUINTARA CT
CITY-ST-ZIP	CHIPLEY FL 32428	2.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKLEY, BETTY LEE	3.2 NAME	NORRIS JANE
STREET ADDRESS	2010 KILLIAN AVE	3.3 STREET ADDRESS	3866 MERGER DR
CITY-ST-ZIP	CHIPLEY FL 32728	3.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROCCA, SAL	4.2 NAME	PARIDON, ROBERT
STREET ADDRESS	4015 CHAPEL AVE	4.3 STREET ADDRESS	2071 Echo CT
CITY-ST-ZIP	CHIPLEY FL 32428	4.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASILEWSKI, HENRY	5.2 NAME	SWITZER, EVERT
STREET ADDRESS	411 CAMBRIDGE DRIVE	5.3 STREET ADDRESS	3915 COUNTRY CLUB Blvd
CITY-ST-ZIP	CHIPLEY FL 32428	5.4 CITY-ST-ZIP	Chipley, FL 32428
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, JUNE	6.2 NAME	TROMBLEY, BETTY
STREET ADDRESS	2023 AMBASSADOR CT	6.3 STREET ADDRESS	4331 Hwy 77
CITY-ST-ZIP	CHIPLEY FL 32428	6.4 CITY-ST-ZIP	Chipley, FL 32428

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), 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 or 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, with all other like empowered.

SIGNATURE: Betty Trombley SIGNATURE REQUIRED: Betty Trombley 1-9-99 850-773-2629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)