

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90006 001 ****70.00

DOCUMENT # 730538

1. Entity Name

SUNNY HILLS CIVIC AND IMPROVEMENT ASSOCIATION, I

(Handwritten mark)

Principal Place of Business

Mailing Address

P.O. BOX 423
 WAUSAU FL 32463

P.O. BOX 423
 WAUSAU FL 32463

2. Principal Place of Business

3. Mailing Address

4005 Columbia blvd

4005 Columbia blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHIPLEY, FL

CHIPLEY, FL

4. FEI Number

59-2667038

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONGOVEN, WILLIAM J
105 SOUTH FIFTH STREET
CHIPLEY FLORIDA FL 32428

Name

GLEN ZANETIC

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

1714 QUINTARA CT

City

CHIPLEY

FL

Zip Code

32428

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 **GLEN ZANETIC, PRESIDENT**

(Handwritten signature)

7/27/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **WASILEWSKI, HENRY K**
 STREET ADDRESS **4114 CAMBRIDGE DR.**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **PRESIDENT** Change Addition
 NAME **GLEN ZANETIC**
 STREET ADDRESS **1714 QUINTARA CT**
 CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **VP** Delete
 NAME **ZANETIC, GLEN**
 STREET ADDRESS **1714 QUINTARA CT.**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **VP** Change Addition
 NAME **RANDALL WEEBEEY**
 STREET ADDRESS **2910 KILLIAN PL**
 CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **ST** Delete
 NAME **NORRIS, JANE**
 STREET ADDRESS **3866 MERGER DR.**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **TREASURER** Change Addition
 NAME **SHELLY EHLERT**
 STREET ADDRESS **305 JENSEN PL**
 CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **D** Delete
 NAME **PARIDON, ROBERT**
 STREET ADDRESS **2071 ECHO CT.**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **D** Change Addition
 NAME **BOB COOK**
 STREET ADDRESS **3897 COUNTRY CLUB BLVD**
 CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **D** Delete
 NAME **SWITZER, EVERT**
 STREET ADDRESS **3915 COUNTRY CLUB BLVD.**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **JADWIGA MIERZWA** Change Addition
 NAME **JADWIGA MIERZWA**
 STREET ADDRESS **3948 USTULA DR**
 CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE **T** Delete
 NAME **TROMBLEY, BETTY**
 STREET ADDRESS **4331 HWY 77**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **P** Change Addition
 NAME **POLLY PAYTER**
 STREET ADDRESS **1534 ALDORO DR**
 CITY-ST-ZIP **CHIPLEY, FL 32428**

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:

(Handwritten signature) **REQUIRED**

7/31/00

Date

(850) 773-4955

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)

attachment

Qact# 730538

A0071400

D	ADD
GEORGE BABER	
4142 PORCHESTER CT	
CHIPLEY, FL. 32428 32428	