## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

738450

(6)

SUNNY SHORES VILLAGE, INC.						
Principal Plac	ce of Business	Mailing Address			DDJI OLDIL BROK BIŞİR BIŞIR DİŞIR R	
125 56TH AVE. SOUTH ST. PETERSBURG FL 33705		50 W LUCERNE CIR ORLANDO FL 32801 US				
- 5:-1-16				<ol> <li>Date Incorporated or Qualified 03/24/1977</li> </ol>	3a. Date of Last Repo 03/27/1995	
1	Place of Business	2a. Mailing Address 26		4. FEI Number 59-0714826	Applie	
Suite, Apt.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Add	ditional
City & Stat		City & State		Election Campaign Financing     Trust Fund Contribution	55.00 Ma	
Zip 4]	Country 25	Zip <b>29</b>	Country 30		itangible tax under s. 199.0 Yes 🔲 No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent	
DEALIO	LUIAL E		81 Name		-	
	, Hugh e. 'Ntral avenue, ste. 1500		82 Street Add	ress (P.O. Box Number is Not Acceptable	i)	
_	TERSBURG FL 33701		83			
01, 12,	LRODONG I L 33701					
			84 City		FL 85 Zip Code	e
I1. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statut	tes, the above-named corpo	ration submits this statement for the purpo		red off
ör register familiar wi	ered agent, or both, in the State of Florid with, and accept the obligations of, Section	fa. Such change was authoriz on 617,0503, Florida Statuter	zed by the corporation's boa	ration submits this statement for the purpo ard of directors. I hereby accept the appoir	ntment as registered agent	t. I am
SIGNATURE .			<b>.</b>			
	Signature, typed or printed name of registered agent a		OTE: Registered Agent signature require		DATE	
I <b>2</b> . IILE	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	12
IAME .	BAUER, NANCY S.	□DELETE	1.1 TITLE		☐ Change ☐ A	Addition
TREET ADDRESS	515 PADUA CIRCLE N.E.		1.2 NAME			
HTY-ST-ZIP	ST. PETERSBURG FL		1.3 STREET ADDRESS			
ITLE	SD SD	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Понала П	A deletor
IAME	REAMS, HUGH E.	<del></del>	2.2 NAME		☐ Change ☐ A	Addition
TREET ADDRESS	360 CENTRAL AVE., S-1500		2 3 STREET ADDRESS			
ITY-ST-ZIP	ST PETERSBURG, FL. 0		2 4 CITY-ST-ZIP			
ITLE	VPD	DELETE	3 1 TITLE		Change	Addition
AME	GILLESPIE, JAMES, R		3.2 NAME			~~~
TREET ADDRESS	1726 SERPENTINE DR S		3.3 STREET ADDRESS			
ITY-ST-ZIP	ST.PETERSBURG FL		3 4 CITY-ST-ZIP			
TLE AME	TD DOLLECTONE IMMEG A	DELETE	4.1 TITLE		☐ Change ☐ A	Addition
TREET ADDRESS	ROLLESTONE, JAMES A. 5315 BOWLINE BEND		4. 2 NAME			
ITY - ST - ZIP	NEW PORT RICHEY FL		4.3 STREET ADDRESS			
TLE	D	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Oct O.	naturarii .
4ME	Shannon, Eugenia R.		5.2 NAME		Change A	Addition
TREET ADDRESS	1015 14TH ST., WEST		5.3 STREET ADORESS			
TY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP			
TLE	D	DELETE	61 TITLE		Change A	Addition
AME	FERGUSON, REV HARRY		62 NAME			
REFT ADDRESS	6330 54TH AVE NO		6.3 STREET ADDRESS			
TY-ST-ZIP	ST. PETERSBURG FL	· · · · · · · · · · · · · · · · · · ·	6.4 CITY-ST-ZIP			
				or the exemption stated in Section 119.07( te and that my signature shall have the sar		
	I am an officer or director of the corpora Block 12 or Block 13 if changed, or on			te and that my signature shall have the sar s report as required by Chapter 617, Florid	me legal effect as if made to Ja Statutes; and that my na	under ame
арроло и	Disak 12 of Block 10 the langed, of on	. Jan attagiment with an audie	ess.		-	
IGNAT	URE: / / Wacs/	H Haw	ur/	4-1-96 41	07-839-5050	
	SIGNATURE AND TYPED ONE	RIME BY NAME OF SIGNING OFFICE		Date	Daytime Phone #	

SIGNATURE: