

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752785

FILED
Apr 18, 2007
Secretary of State

Entity Name: SUNNY SHORES SEA CAMP, INC.

Current Principal Place of Business:

201 EAST PINE STREET
500
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

201 EAST PINE STREET
500
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-2029332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEY, ROBERT, JR., M.D.
4950 LEJUENE ROAD
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNSEY, DANA
Address: PO BOX 570674 N/A
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: MOCCIA-LOOS, GINA
Address: 8439 TIBET BUTLER DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: MCKEY, ROBERT J M.D.
Address: 4950 LEJEUNE RD
City-St-Zip: CORAL GABLES, FL

Title: VTD () Delete
Name: LOOS, EDMUND O III
Address: 8439 TIBET BUTLER DRIVE
City-St-Zip: ORLANDO, FL 34786

Title: SD () Delete
Name: BROMBACH, KAREN
Address: 12525 79 ST
City-St-Zip: FELLSMERE, FL 32948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDMUND O. LOOS III

VTD

04/18/2007

Electronic Signature of Signing Officer or Director

Date