

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F33728

(9)

1. Corporation Name
SUNNY GROVE PARK, INC.

Principal Place of Business
% WM DURRETT
3401 CORALBERRY LANE
ESTERO FL 33928

Mailing Address
3401 CORALBERRY LN
ESTERO FL 33928-2850
US



3. Date Incorporated or Qualified 05/07/1981	3a. Date of Last Report 04/11/1996
4. FEI Number 59-2091531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

REED, MAX
3420 LOQUAT
ESTERO FL 33928

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, FRED	1.2 NAME	
STREET ADDRESS	3430 DATE PALM LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ESTERO, FL 00000	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MAX	2.2 NAME	
STREET ADDRESS	3420 LOQUAT	2.3 STREET ADDRESS	
CITY - ST - ZIP	ESTERO, FL 00000	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMMES, JOYCE	3.2 NAME	
STREET ADDRESS	3420 DATE PALM LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ESTERO, FL 00000	3.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKRIDGE, EULA	4.2 NAME	President
STREET ADDRESS	3460 LYCHEE LANE	4.3 STREET ADDRESS	James Patterson
CITY - ST - ZIP	ESTERO, FL 00000	4.4 CITY - ST - ZIP	3480 Grapefruit Ln. Estero, Fl. 33928
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES	5.2 NAME	
STREET ADDRESS	3599 LYCHEE LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ESTERO FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHLING, WILLIAM	6.2 NAME	
STREET ADDRESS	3421 DATE PALM LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ESTERO FL 33928	6.4 CITY - ST - ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joycetimmes - Treasurer *Joyce Timmes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 19/97 941-495-3568

Date Daytime Phone #

CR2E034 (9/96)