

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N02463

(0)

1. Corporation Name

SUNNYSIDE RETIREMENT INCORPORATED

Principal Place of Business

5201 BAHIA VISTA
SARASOTA FL 34232-2615

Mailing Address

5201 BAHIA VISTA
SARASOTA FL 34232-2615

APPROVED
AND
FILED

95 MAY -1 PM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1984

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2562598

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MILLER, DAVID RAY
5201 BAHIA VISTA
SARASOTA FL 34232

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

David Ray Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HESS, MERV
7462 CASTLE DR
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CD
MILLER, LLOYD
3493 CRYSTAL LAKES CT.
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VCD
ZIMMERMAN, PHILIP
4756 ACORN CIRCLE
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SCHMITT, JEAN
2873 S. SHADE AVE.
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
MININGER, CHARLES
3610 RIVERA DR.
SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HARRIS, WADE
1867 BARBER ROAD
SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

ST D
ALLEN MOST
1001 N WASHINGTON ST
SARASOTA, FL 3577

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wade Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

KEYSTONE PRESS #

4-26-95