

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1984		3a. Date of Last Report 04/08/1996	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	4. FEI Number 59-2562598		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Zip	29		30	
24	Country	25	Country	29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *David Ray Miller* DATE **4-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HESS, MERV	1.2 NAME	PEACHEY, SHARON
STREET ADDRESS	7462 CASTLE DR	1.3 STREET ADDRESS	4404 RIVERWOOD AVE
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, LLOYD	2.2 NAME	LEE, H. GREG
STREET ADDRESS	3493 CRYSTAL LAKES CT.	2.3 STREET ADDRESS	2014 FOURTH ST.
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	VCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMERMAN, PHILIP	3.2 NAME	MILLER, DANNY
STREET ADDRESS	4756 ACORN CIRCLE	3.3 STREET ADDRESS	1465 FOXCREEK DRIVE
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHROCK, AMMON	4.2 NAME	MILLER, JIM II
STREET ADDRESS	PO BOX 20759 NA	4.3 STREET ADDRESS	4041 BAHIA VISTA STREET
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	57D VC <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAST, ALLEN	5.2 NAME	SCHLABACH, KAY
STREET ADDRESS	1001 N. WASHINGTON ST	5.3 STREET ADDRESS	7901 CAMPBELL ROAD
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, WADE	6.2 NAME	SCHLABACH, NAOMI
STREET ADDRESS	1887 BARBER ROAD	6.3 STREET ADDRESS	5885 Ibis
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA, FL 34278 41

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

SIGNATURE: *David Ray Miller* **REQUIRED CEO** DATE: **4-22-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0062913**

CR2E037 (9/96)