

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90008 019 \*\*\*\*\*70.00

**DOCUMENT # N07949**

1. Entity Name

**SUNNY SOUTH ESTATES HOME OWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

BOX 3025  
BOYNTON BCH FL 33424

BOX 3025  
BOYNTON BCH FL 33424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2466115**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLYNN, DENNIS P.  
3918 VIA POINCIANA #9  
LAKE WORTH FL 33467**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MARTUCCIello, ANN.  
STREET ADDRESS 632 SUNRAY STREET  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ Delete

TITLE PD  
NAME DETOLLA, EMMA  
STREET ADDRESS 817 SUNGLOW ST  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ Change ☐ Addition

TITLE VD  
NAME DETOLLA, EMMA  
STREET ADDRESS 817 SUNGLOW STREET  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ Delete

TITLE VD  
NAME POIRRIER, DON  
STREET ADDRESS 648 SUNRAY CT  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ Change ☐ Addition

TITLE T  
NAME GARLING, JOAN  
STREET ADDRESS 757 SUNTOP LANE  
CITY-ST-ZIP BOYNTON BCH FL 33436 ☐ Delete

TITLE T  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME CAMPBELL, JOSEPH  
STREET ADDRESS 645 SUNRAY STREET  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete

TITLE VPD  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME DIGIORGIO, GERRY  
STREET ADDRESS 635 SUNRAY CT.  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ Delete

TITLE SD  
NAME Di MASI, MARILYN  
STREET ADDRESS 675 SUNNY SOUTH AVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN GARLING

Date

Daytime Phone #

1-6-01 56-735-3956

CR2E037 (10/00)